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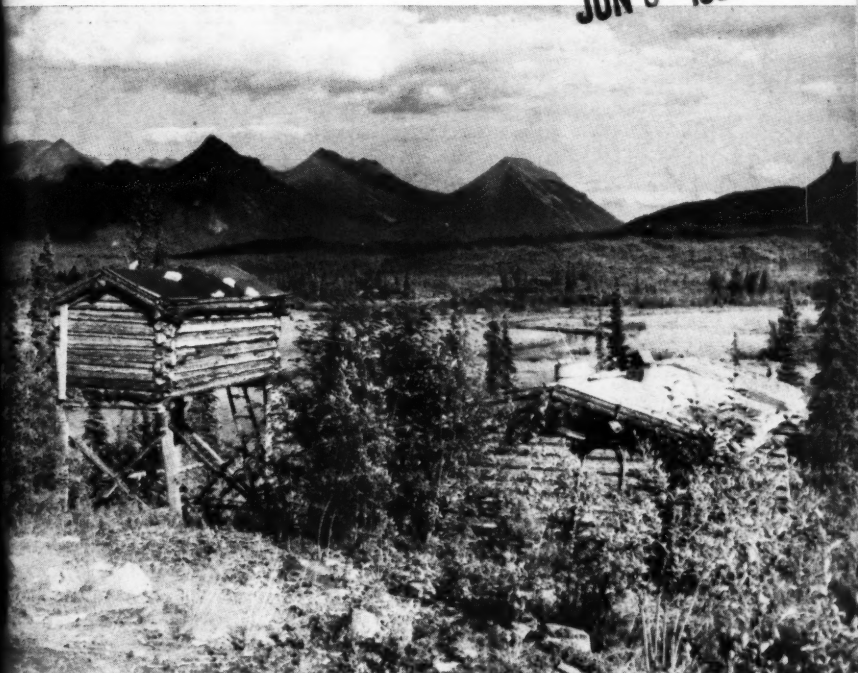
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# Oral Hygiene

JUNE 1959

THE JOHN GERRARD LIBRARY

JUN 8 - 1959



A trapper's cabin and cache near Anchorage, Alaska. The annual meeting of the Alaska Dental Society will be held in Anchorage, July 13 to 16.

***In this issue:***  
**WHEN DENTISTS DISAGREE**





Today's High-Speed Procedures  
... Call For THE Anesthetic with

# DPD\*

Yes...patients *do* desire a duration of anesthesia that keeps them comfortable while you do your unhurried, meticulous job...but then doesn't linger unnecessarily long after you've dismissed them.

In fact, isn't that *precisely* the type of duration you, too, desire? Not so short that you have an agitated patient requiring reinjection...not so long that you have a patient disgruntled by protracted paraesthesia.

That's the duration you get with RAVOCAINE HCl 0.4% and NOVOCAIN 2% with NEO-COBEFRIN 1:20,000 and, of course, you also get these other fine features for which this solution is acclaimed:

\* *Duration*  
*Patients*  
*Desire*

- *Extremely Fast Onset* • *Unprecedented Depth*
- *Unsurpassed Tolerance*

Get ALL Modern—Order your supply today  
in standard or short size cartridges.



COOK-WHITE  
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2000 Broadway, New York 16, N.Y.



**RAVOCAINE HCl** AND **NOVOCAIN**<sup>®</sup>  
Brand of propoxycaïne HCl      Brand of procaine HCl  
WITH **NEO-COBEFRIN**<sup>®</sup>  
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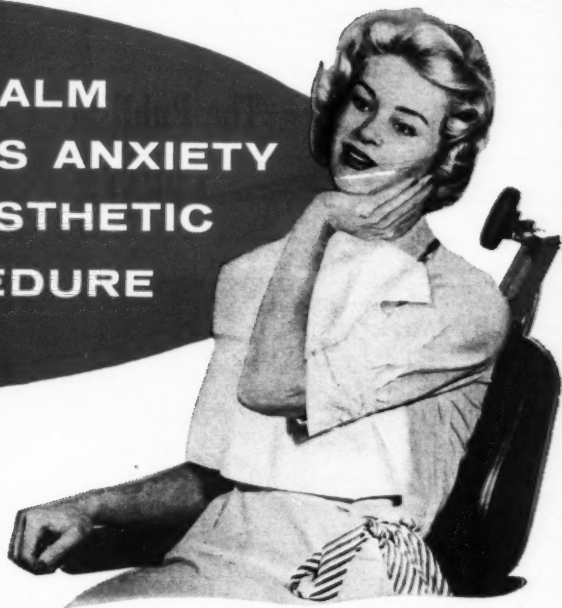
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SUPERIOR TO ASPIRIN

OR BUFFERED ASPIRIN...

TO CALM  
PATIENT'S ANXIETY  
IN PROSTHETIC  
PROCEDURE



During prosthetic procedure — the patient is apt to become apprehensive and restless. That's why, today, many dentists give their patients two Anacin Tablets prior to replacement of teeth.

Anacin Tablets give *better total effect* in pain-relief than aspirin or buffered aspirin. Anacin has a special sedative action which gives efficacious results in allaying nervous tension, apprehension and anxiety. Anacin leaves the patient relaxed — affording prolonged comfort after leaving the chair. Excellent tolerance. Preferred by more dentists than any other analgesia.

**Always**

**ANACIN®**

FOR A BETTER TOTAL EFFECT  
WHITEHALL LABORATORIES, NEW YORK, N.Y.



## The Publisher's CORNER

**By Mass**

**No. 455**



### **Thanks for Everything, Arthur**

EARLY this year, ORAL HYGIENE lost a good friend when Doctor Arthur Tisdale White died in Pasadena, California. Through a chain of circumstances no one has been able to fathom, we didn't hear of Arthur's passing until long after it occurred. Death came December 31. We learned about it later, much later.

Our consternation would have amused Arthur. "Come, come



*Vince is "A most effective cleansing therapy...A fine adjunct for gingival tone maintenance and control."\**

*"I have used Vince for quite a number of years and have found it an invaluable aid in a good many cases of stomatitis with very good results."\**

*I prescribe Vince "as a daily dentifrice for cleansing and prevention of Vincent's infection".\**

*"...like it fine as an adjunct to treating inflamed and bleeding gums."\**

*"There is nothing that I know of that is so soothing to the tissue and the patient during and after the treatment of Vincent's infection because of the oxygenating effect."\**

**\*excerpts from the current Vince Dental Files**

neutrally buffered

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STANDARD LABORATORIES, INC.

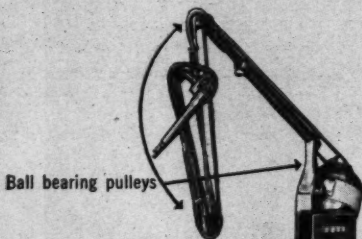
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the beautiful  
ATM-500\* with the  
New Weber  
Air Turbine  
Handpiece



More powerful engine

Higher speed range



**1. Push Button Controls** — New freedom and greater convenience. Speed control and spray control knobs are close at hand for easy, swift adjustment.

**2. Air Pressure Gauge** is highly visible and calibrated in pounds pressure to the handpiece for accurate speed control and compressor performance. Check it at a glance!

**3. New Air Turbine Handpiece Hanger** is supplied at no extra cost. Rotates into the position most convenient for you and then locks to provide a fixed position that eliminates groping and fumbling. Hose tension is eliminated which gives you freedom of movement.

**4. Ultra Flexible Twin Tubing** — For your protection there are no concealed tubings.

**5. Superior Lubricating System** (And Exposed Lubricator Dome) — Positive pressure lubrication — adjustable oiler suited to the air pressure you require. Oil reservoir checked and refilled from the outside — bowl graduated in centimeters to check proper oil consumption.

**ONE FOOT CONTROL** — for both Air Turbine and Standard Handpiece. No change in foot control habits.

**Exclusive:** Foot controller also controls air/water spray. By moving pedal into fourth position, water is shut off and air **only** emits from air handpiece spray ports for use as chip blower, etc.

SEE YOUR —

**WEBER** DEALER

\* Patents Pending

Oscillate  
proved  
Turbine  
— No  
vibration

Oscillate  
proved  
hand  
percussion.

of  
Weber



## take advantage of these Weber features:

**Twin Spray** — Built-in-dual water and air outlets provide superlative coverage for positive control of tooth temperature in all cutting procedures — mesial, distal, buccal, lingual or occlusal.

**Push In-Push Out** bur insertion and removal for utmost convenience and longer bur life. Uses standard latch type burs and diamonds.

**Sterilization** — Can be sterilized by conventional methods.

**Quick Hose Disconnect** — Simplifies sterilization.

**Superior Filtration System** — Positive Air filtration — air filter removes all particles more than 5 microns in size. Clean out valve is drained from outside.

**Waterproof Coils** — Solenoid valves totally enclosed from dust, moisture — insures against short circuits.

**Torque and speed** depend on air pressure as controlled by you. The torque will sustain the cutting procedure you require!

**Speed range** is 100,000 to in excess of 300,000 R. P. M. with no perceptible vibration.

Oscilloscopic tests prove: Weber Air Turbine Handpiece — No perceptible vibration.

Oscilloscopic tests prove: Belt-driven handpiece—Highly perceptible vibration.

### New Small Head Gives Greater Visibility . . . Patients

of all ages greatly prefer the smooth, cool, quiet operation of the Weber Air Turbine Handpiece. You will prefer it, too. Try its cutting ability — compare the "feel" . . . the light weight . . . exceptional maneuverability . . . the genuine usefulness of this fine instrument surpassing all other handpieces.

### Note: The Weber Air Turbine has a separate

air line for the air supply to the tooth coolant spray. There is no oil in this line. The oiled air that drives the turbine is in a completely separate system. It is dispelled through the handpiece handle in the opposite direction from the patient's face and mouth.

**To install a Weber Air Turbine on your present unit, specify Model AT-200\***

Color matched or silvertone.

*So easy to finance . . . You and your patients can enjoy all the plus benefits now! Use the Weber finance plans—*

*Model AT-200 can be financed too! ORDER NOW!*

The **WEBER DENTAL** Manufacturing Company, Canton 5, Ohio



now," we can imagine him saying, "It's not *that* important! Calm down now, Mass, and let's talk about something really worthwhile."

That would have been just like Arthur. It was characteristic of him always to give first thought to the other fellow's problems, big or little. That's why we all loved Arthur.

Last August, when he was nearing 90, Arthur decided to retire. He had practiced dentistry for 66 long years, 59 of them in Pasadena. For a long time he had maintained offices in Pasadena's Parkway Building on East Colorado Street. When I wrote him there last August he said that he "probably would close the office soon." He didn't feel up to practicing much longer. Two more August notes came from him. By then, he was obliged to use a couple of canes and not liking them at all. "Two canes are a nuisance."

From the beginning, Arthur had enjoyed this magazine's seniority project, ORAL HYGIENE's search for the oldest American dentist still in active practice. His own status was imperiled now and then, but that didn't worry Arthur. It was just something more to talk about, something more to laugh about.

When he started his own sixty-fourth year in dentistry, the CORNER wondered why Arthur "skipped over milestones so handily," and finally diagnosed his case: "Warm hearts like Arthur's seem to last longer."

And that is sure enough true. Here at ORAL HYGIENE "many a murky day has been brightened by this faraway friend. Just when you needed it, Arthur cheered you up with a small compliment, one which tunes your mental mandolin, soothing your soul with soft music."

Thanks for everything, Arthur. Thanks for being you.





## "THIS SAVES ME HUNDREDS OF DOLLARS A YEAR!"

Just about half my patients should use Dental Floss. And I recommend it for both periodontal cases and routine use.

Instructing patients how to use it is time-consuming. And time is money to me. So I give them one of these folders, "How to Use Dental Floss." Approved by the ADA.

Why don't you send for a generous supply? Just use the coupon.

**JOHNSON & JOHNSON, Department C  
New Brunswick, N. J.**

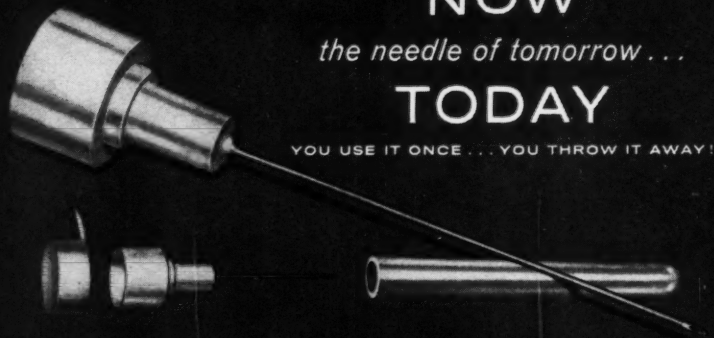
Please send me \_\_\_\_\_ free folders on how to use Dental Floss (offer limited to U.S.A.).  
(quantity)

Name \_\_\_\_\_

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NOW

*the needle of tomorrow...*

TODAY

YOU USE IT ONCE... YOU THROW IT AWAY!

## ***Carpule***<sup>®</sup> DISPOSABLE STERILE NEEDLE

### IT'S STERILE

and free from protein soil, thus assuring *positive protection* against viral hepatitis and other hard-to-kill organisms. Because of the interior dimensions, needles are difficult to clean... and unless they are clean, sterilization even under ideal conditions is difficult, and under conditions less than ideal, frequently impossible.

### IT'S DISPOSABLE

thus eliminating the tedious, costly, cleaning and sterilizing procedure, and the worry whether sterilization has actually been accomplished. For the patient, the new, sharp point means a new high in comfort.

### IT'S PRICED RIGHT

All this protection, convenience and comfort comes to you at a per-needle cost 25% to 40% *less* than the cartridge needle you now use, depending on brand. And the "Carpule" Disposable Needle has the exclusive Huber Dental Point.

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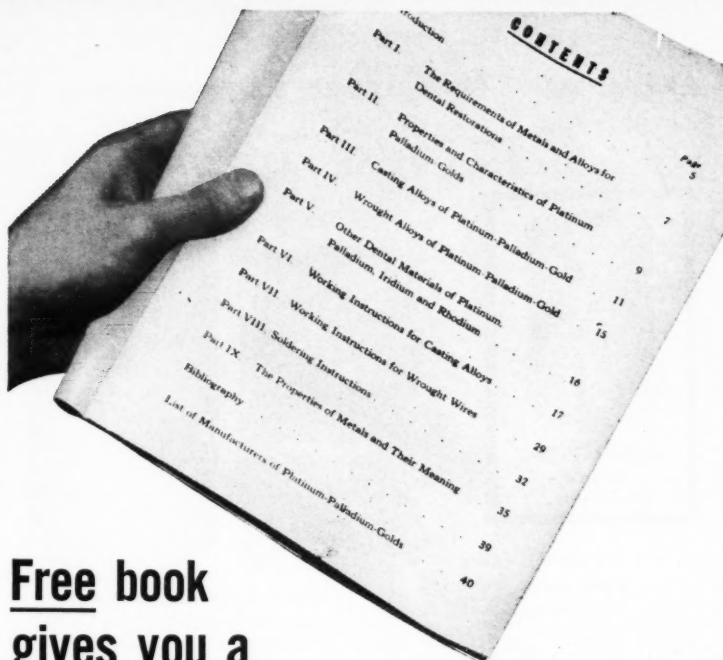
In boxes of 100; in two gauges, 25 and 27; and in two lengths. 1 in. and 1½ in. SPECIAL INTRODUCTORY BOX contains 100 needles and a FREE Plastic Syringe which may be autoclaved.

Another Pioneering Advance from

**COOK-WAITE**  
*Laboratories, Inc.*

1450 Broadway • New York 18, N. Y.





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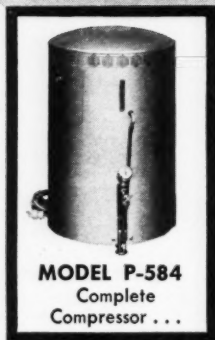
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**PLATINUM METALS  
DIVISION**

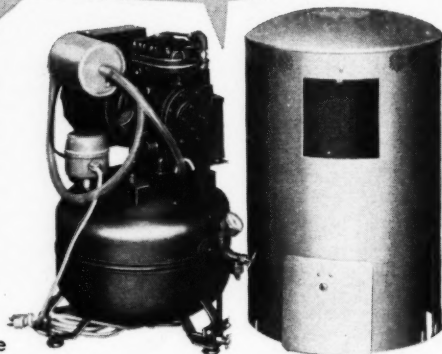
**THE INTERNATIONAL NICKEL COMPANY, INC. 67 Wall Street, New York 5, N. Y.**



now...  
**the new McKesson Compressor**  
 that delivers  
**4 cubic feet of air per minute!**



housing this entire  
 motor-pump unit and  
 air-receiver...



and sheathed with this green  
 tinted Hammer-finish Cover!

Yes, this new McKesson P-584  
*delivers twice as much air as Model*  
 581 which recently scored such  
 great success!

Also, when specified, it furnishes  
 pressures up to 100 pounds!\*

Why did we design and build this  
 P-584? Because the whole trend in  
 modern dentistry is for MORE AIR.

High-speed handpieces, new dental  
 clinics, etc., are typical reasons for this.

Here... in the McKesson P-584...  
 is the Compressor which *dares* you  
 to want more air than it will deliver.

Like the 581, it's super-quiet and  
 compact, too—requires only 16"  
 square floor-space.

\*Available whenever customers need such pressures  
 for certain handpieces, etc.

**McKesson**



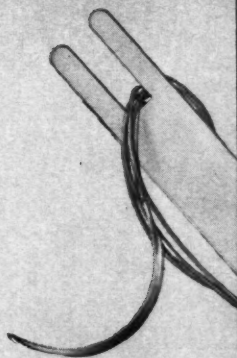
**TWIN-CYLINDER  
 COMPRESSORS**

for other exclusive features,  
 full information and prices  
 ... contact your McKesson  
 Dealer! Or Write us for  
 P584 Brochure

**McKesson Appliance Company • Toledo 10, Ohio**



unsurpassed  
for strength,  
smoothness,  
pliability



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exceed every U.S.P. requirement

*Johnson & Johnson*

DENTAL DIVISION



G-E Dental X-ray Units

FIRST WITH

ELECTRONIC TIMING



## See...simple as dialing a radio!

When her chance remark called attention to the "something new" in my office, I just couldn't resist showing off my General Electric x-ray unit.

*Easy to operate as a radio!* Just 3 fast settings — ma, kvp and time. No test exposures ever because you *automatically* get exactly what you dial! Most important, there's 90 kvp, electronic timing and the extra safety of high filtration. No wonder these handsome General Electric x-ray units out-sell all others today.

• See your dealer soon for details on the models GE 90-II and GE 70-II. Or write to X-Ray Dept., General Electric Co., Milwaukee 1, Wis., for Pub. KK-63.

*Progress Is Our Most Important Product*

GENERAL  ELECTRIC





# Bleeding Gums Respond to Oxygenation

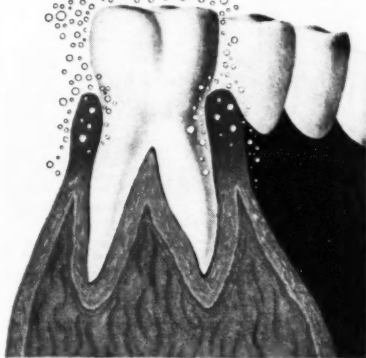
Recent studies interestingly point up the fact that inflamed gingival tissues need and respond to oxygenation.<sup>1</sup>

**AMOSAN supplies more oxygen**—Amosan (Sodium Peroxyborate Monohydrated Buffered with Sodium Bitartrate Anhydrous) supplies 550% more oxygen than Sodium Perborate N.F.<sup>2</sup> Low surface tension (37.3 dynes per cm.) of AMOSAN solution promotes pocket penetration.

**AMOSAN is a 93.3% effective adjunct in treating gingival irritation<sup>2</sup>**—Amosan is a concentrated oxygenating agent that combats anaerobic oral bacteria and instantly supplies millions of tiny bubbles of oxygen needed by inflamed gingivae.

A rigidly controlled double-blind study at a leading medical center<sup>3</sup> showed Amosan to be 93.3% effective in the treatment of inflamed bleeding gums.

At the first sign of bleeding gums, gingival recession or tooth mobility, use, recommend and prescribe



1. *Oxygen uptake by normal and inflamed gingiva and saliva. Schrader and Schrader. Helv. odont. acta. 1:13-16, (April) 1957.*

2. *Behrman, S. J.; Fater, S. B.; Grodberg, D. L.; An Evaluation of Oxygenating Agents in the Treatment of Gingival Inflammation. J. Dent. Med., (October) 1958.*

3. *The New York Hospital—Cornell Medical Center. Presented as a Scientific Exhibit at the American Dental Association Annual Session, (November) 1957.*

## AMOSAN

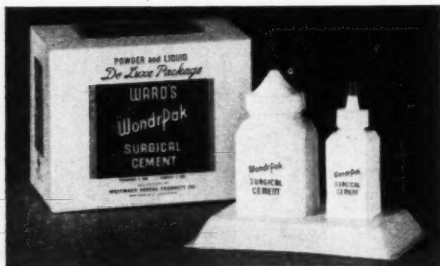
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## Use Time-tested WESTWARD Products

*You can't go wrong*



### WONDRPAK in De Luxe Package

#### Tip and squeeze

Same time-tested WONDRPAK now in *colorless* liquid with colored powder for pink mix; also white powder for white mix. WONDRPAK has long been one of the most widely used products in dentistry.



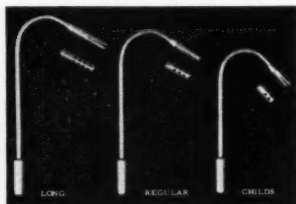
### TEMPAK Temporary Cement

Fast setting, durable, yet easily removed. *Also in the De Luxe Package.*



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Sets fast, yet allows time for manipulation. Slower liquid also available.



### SALIVA EJECTORS

Slot type — Hole type  
Long, regular and child's.

**Also B-L Saliva Ejectors**  
For buccal area and under tongue.

### WARD'S SURGICAL PYORRHEA INSTRUMENTS AND WARD'S ORAL SURGICAL INSTRUMENTS

*Complete technique in each set*

### CAUSTIC PASTE

*Used instead of surgery under certain conditions*

**Copper Sulphate Cement — Svelto Prophylactic Paste and Powder**

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## DENTAL X-RAY NEWS

Better Things for Better Living... through Chemistry

REGION	65 KV. P.			
	8" Dist.			16" Dist.
	10 MA	10 MA	5 MA	10 MA
	S	D	LF	LF
Total Filt. Equiv. to 2.5 mm Al.				
Upper Molars	sec. 5	sec. 2¼	sec. ½	sec. 1¼
Bicuspid	3	1¼	¼	1
Cuspid	3	1¼	¼	¾
Incisors	3	1½	¼	1
Lower Molars	3	1½	½	1
Bicuspid	2¾	1¼	½	¾
Cuspid	2¾	1¼	¼	¾
Incisors	2¾	1	¼	¾

The chart above shows basic recommended exposure technique for these films. When very short exposures are used with "LF" Film, the accuracy of the timer is specially important. Wide variations in density or inconsistent results indicate that the timer or the method of setting it should be checked by a service engineer.

## A DU PONT FILM FOR EVERY NEED

For any dental x-ray application, with any equipment, there's a Du Pont film that will give you consistently good results:

**Du Pont "S" Film**, coated with emulsion on one side only, provides ample speed and contrast, assuring excellent diagnostic detail and economy.

**Du Pont "D" Film** is double-coated, gives twice the speed of "S" Film with fine grain and detail.

**Du Pont "LF" Film**, "Lightning Fast" for split-second exposures, longer focal distances, or lower voltage x-ray units.

All Du Pont dental x-ray films come in the familiar, convenient "Pull-A-Tab" packet for easy positioning, easy opening in the darkroom. To be sure of getting a film that's right for your needs, specify Du Pont on your next film order.



Better Things for Better Living

... through Chemistry

### EMERGENCY FAST PROCESSING of DuPont x-ray films

1. Expose at twice normal exposure time, whether you use "S", "D" or "LF" Film.
2. Develop for one-half normal time in fresh Du Pont developer solution.
3. Rinse for ten seconds, and
4. Fix for one minute in fresh Du Pont liquid concentrate fixer.
5. End up with a routine wash.

For a free copy of our complete processing handbook, "Guide for Dental X-ray Darkrooms," send the coupon below.

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## YOUR PROFESSIONAL ABILITY COMES FIRST

On the opposite page is a portrait of a beautiful young woman with a carefree smile. It is evident that exceptional skills were applied in creating this full upper denture . . . and they were applied to an exceptional patient.

Such a result is not possible with every patient, we realize. It would be presumptuous to make such a claim. Neither is the effectiveness of the result entirely due to the use of Swissedent CR vacuum-fired teeth. The dentist's professional ability, expressed through his personal control of the restoration, must always come first.

We sincerely believe, however, that no matter what the patient's esthetic requirements may be, these distinctive Personality Molds and Physiologic Shades will help you create restorations of the highest esthetic character. Good dentistry, as you know, must stand the test of close inspection.



*Swissedent*

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**WORLD'S FAVORITE  
ALLOY FOR OVER  
50 YEARS**



Minimum contraction and expansion. 69% silver content. Takes high, brilliant polish. Certified to comply with ADA specification 1.

## MOYCO WAXES

Made of the finest materials in the world's most modern wax factory.

- Beauty Pink base plate wax • Regular Base wax • Bite wax • Green Boxing wax • Black Boxing wax • Pink Casting wax • Counter wax • Set-Up wax • Sticky wax • Utility wax • Inlay wax (in cones, blue or green; in sticks, green or neutral) and many others.

**USE moyco PRODUCTS**  
WHEN NOTHING LESS THAN THE BEST WILL DO

### MOYCO IMPRESSION POWDER

(Alginate Type)

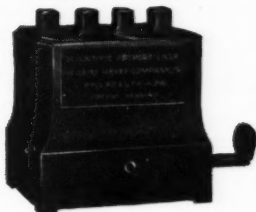


For a perfect recovery every time eliminate the remaking of impressions with this accurate pleasant-tasting impression powder.

Conveniently packed in air-tight sealed 1 pound cans.

### MERCURY & ALLOY PROPORTIONER

Lasts a lifetime



Just press the finger and the correct amount of Mercury and Alloy drops into your mixer or mortar.

**FREE . . .** two \$2.75 bottles of Fellowship Alloy with one \$14.00 Proportioner. A \$19.00 value for Only \$14.00.

### NEW Dry or Wet WATERPROOF PLASTIC DISCS

Sizes  
 $\frac{5}{8}$ "  $\frac{3}{4}$ " &  $\frac{7}{8}$ "



Thinner than paper—but stronger. Will bend but will not deform. Can be used under water. Won't clog. Will not warp under any conditions.

**THE J. BIRD MOYER CO., INC.**

117-21 North Fifth Street  
Philadelphia 6, Pa.

*Over 60 years of dedication  
to the dental profession*





*We are proud* to join in the well-deserved recognition given the American Dental Association on the occasion of their Centennial celebration.

This is also a significant year for the Oral B Company, which celebrates its first decade of service to the Dental profession. The ten-year period since 1949 has seen the introduction and Nation-wide distribution of the ORAL B Toothbrush, which incorporates new features long recommended by members of the Dental profession.

It is our hope that by continuing to work closely with the Dental profession we may further assist in their efforts to improve dental health.

In formulating advertising and promotion policies, we pledge to maintain high standards in keeping with those of the profession.

An Oral B toothbrush and its packaging are shown diagonally. The toothbrush has a black handle and a white head with bristles. The packaging is white with black and gold accents. The Oral B logo is prominently displayed in a black oval.

*Oral B*

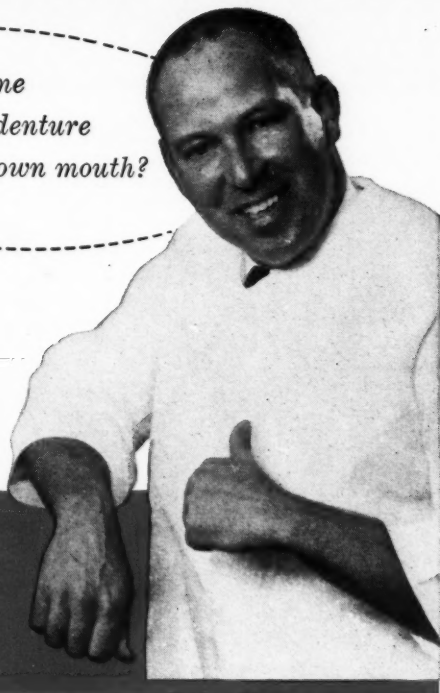
1 texture . . .  
2 actions . . .  
3 sizes . . .

ORAL B COMPANY • San Jose, California • Toronto, Canada



*"You're asking me  
the kind of denture  
I'd want in my own mouth?"*

Characterized  
**LUCITONE<sup>®</sup>**  
of course"



**And why?**

- Because* I want the same peace of mind that Characterized LUCITONE dentures give my patients.
- Because* I've witnessed the tremendous satisfaction which patients get in comparing the vascular appearance, the gingival shading, the personalized coloration and the contoured surfaces of LUCITONE dentures with their own living tissues.
- Because* I've experienced the reduction in adjustment visits by patients who are so fascinated by the built-in characterization of their LUCITONE dentures that imaginary complaints just don't occur to them.
- Because* I know that patients become more quickly reconciled to their need of dentures when they're reminded many times every day *by sight* that their Characterized LUCITONE dentures are lifelike in every respect.

For modern materials call on **CAULK** Milford, Delaware



# What do you want most

## AIR TURBINE

Precision-made by Atlas Copco, world's largest manufacturer of pneumatic equipment.



## TWO HANDPIECES

Contra-angle and Straight models Dentalair comes complete with two handpieces; eliminates time-consuming change-overs. (Single handpiece unit optional.)

## TROUBLE-FREE SERVICE

... thanks to precision design of every part. Example: After nine months' continuous use, a contra-angle handpiece required replacement of just one \$8.00 part.

## HIGH OPERATING SPEEDS

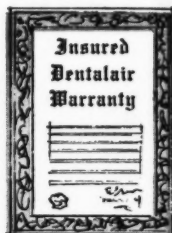
The high speed Dentalair handpiece (0 to 175,000 turbine rpm) does more work in an eight-hour day than any other unit.

## UNCLUTTERED OFFICE

Dentalair is the only high-speed unit that completely replaces old-fashioned belt-driven equipment. Gives the office a cleaner, more modern appearance, both physically and esthetically attractive.

## SERVICE INSURED

A five-year insurance policy with the world's largest and oldest insurance organization guarantees spare part availability.



## VARIABLE SPEED

at your fingertips! Fingertip control varies speed quickly and without the need for awkward floor rheostats.

## AUTOMATIC SPRAY

Air-water mixture is fully adjustable for maximum cooling—or can be shut off completely.

## ACCEPTS STANDARD SHANK BURS, ETC.

Protects investment in present burs, discs, steels, stones, diamonds, and carbides.





*in a dental unit?*

# **Dentalair has everything!**

The new Dentalair Unit has all the features necessary for modern dentistry—yet performs every operative procedure in strict classical manner! No new techniques to learn—there's no need for "stroking" or "brushing," since both torque and speed are controlled by a touch of the finger. You have full, normal tactile perception at all times, especially important when visibility is limited.

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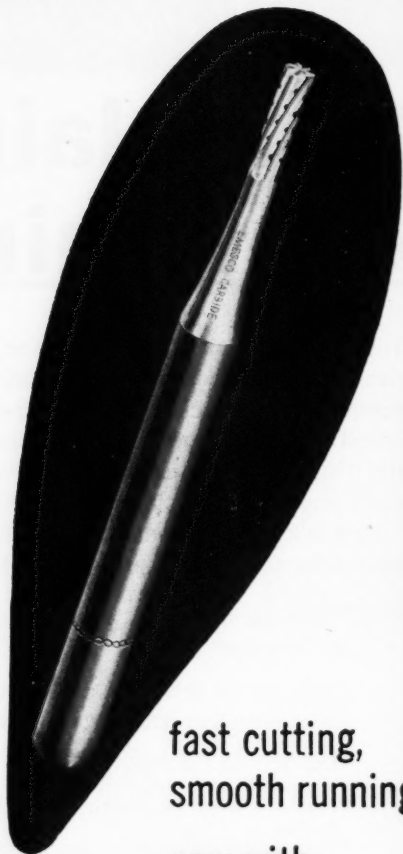
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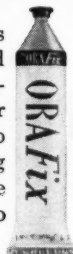
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1. Shaw, Jas. H., Caries-producing Factors: A Decade of Dental Research, J. Am. Dent. A., 55:785 (Dec.) 1957.

2. Ludwig, T. G., and Bibby, B. G., Acid Production from Different Carbohydrate Foods in Plaque and Saliva; Further Observations Upon the Caries-Producing Potentialities of Various Foodstuffs, J. Dent. Research, 36:56 (Feb.) 1957.

3. Bibby, B. G., Effect of Sugar Content of Foodstuffs on Their Caries-Producing Potentialities, J. Am. Dent. A., 51:293 (Sept.) 1955.

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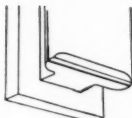
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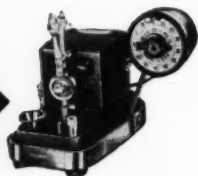
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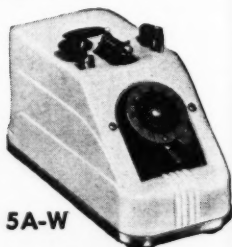
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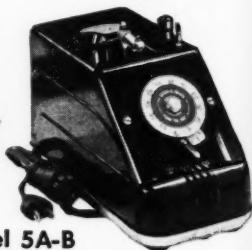
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## *Picture of the Month*



AT THE annual luncheon of the Academy of General Dentistry, Doctor Paul Jeserich (right), President-elect of the American Dental Association, and Dean of the University of Michigan School of Dentistry, receives an honorary membership certificate from Doctor George Carey (left), Chairman of the Honors Committee. Doctor T. V. Weclaw, President of the Academy, is in the background.

*Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.*



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# When Dentists DISAGREE

BY WILLIAM ROY EBERLE, DDS

IT IS impossible to say what percent of malpractice claims are caused by colleagues' criticism. Damage suits are not as common in the dental field as among physicians. But they do happen. We do not need to say too much to trigger an embarrassing law suit. As one woman put it when asked what Doctor B had said that made her file suit against Doctor A, "He didn't have to say anything," she snapped, "He just whistled." A shake of the head, a puzzled frown, or a raised eyebrow may be worse than a statement with a plausible explanation.

The following discussion is not presented as any solution to the problem. We simply intend to toss about a few ideas and experiences that could help us live up to that epitome of ethics, "Whatsoever ye would that men should do to you, do ye even so to them."

We call these situations "embarrassing diagnoses" meaning those decisions we must make, by impli-

*Avoid criticizing a patient's former dentist in making a diagnosis.*

cation or otherwise, on the errors in either commission or omission by a previous dentist. In our experience, strangely enough, we have found that the errors of omission predominate.

A recent example is typical. A 24-year-old woman had been seeing the dentist in her distant suburban community for years. She was in great pain from a broken root tip in her lower second molar after an attempted extraction. The patient had been informed about the root tip, but assured that Nature would resolve it and she would have no trouble. The root was removed and comfort restored.

This patient then asked for a careful examination. The only x-rays previously made were of "suspicious" teeth. Full mouth x-rays with bitewings revealed ten virgin



interproximal cavities, considerable recurrent caries around leaky amalgams, and much subgingival calculus.

What are we going to tell patients who believe they were getting adequate attention from the family dentist? The dilemma is, are they going to believe a newcomer, or one they had known for years? Will they think of us as "eager beavers" with a thirst for business?

The patient in question did mention legal measures both for the broken root and the omissions. This was discouraged on the ground that it was difficult to prove and hard to get testimony. Great care and an open mind are needed. Our answer in this case was that all dentists do not believe the same way about extension for prevention and the prompt restoration of the smallest cavity. It was explained there was a disagreement among dentists as to when a cavity should be filled. We are of the opinion that the smallest cavity should be filled as soon as discovered by bitewings or scrutiny. Thus a patient can be made to understand that these honest differences of opinion should be regarded as a necessary part of scientific procedure and that legal recovery for damages is difficult.

#### **Extractions for Arthritis**

Another example: A man about sixty came to the office. He had twenty-three sound teeth in good

occlusion with the left upper and lower molars missing. He was afflicted with severe arthritis, and his physician advised him to have a dental examination. One of his friends in his home town was an exodontist, who x-rayed his teeth and told him that it would be best to have all his teeth removed as a possible cause of the arthritis. He was reluctant about losing his teeth, and one of my patients sent him to me for a check on the diagnosis. An examination revealed that none of the twenty-three teeth was even slightly loose, in fact the x-ray showed some ankylosis. All pulps were vital, there were no dental caries, and only a mild degree of gingivitis. Much calculus existed and a few pockets extended half way to the apex, but they were of the type that responds readily to treatment. Here again is an impasse. With some periodontal treatments the teeth could be saved. Making dentures for people past sixty who have never worn partials is a difficult assignment. Would it correct the arthritis? Several cases observed through the years had become worse after multiple extractions. How do we reconcile the two verdicts? Is the patient going to believe a stranger, or the word of the man he has known for a long time?

Here again we explain honest differences of opinion and that probably the exodontist had helped some people by extracting teeth, but that my experience had been

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that it generally cured little except abscesses and a toothache. After a discussion of the vicissitudes and uncertainties of wearing dentures and the high cost of good ones, the man decided to keep his teeth. We are fairly certain he harbored no ill will against the exodontist who advised him otherwise.

### **Importance of Appearance**

Another incident that called for tact and diplomacy was the case of a 68-year-old woman. She was referred by the Dental Society because she was irate and disgruntled about the full dentures one of the members had constructed. She said she could eat well with them, but they made her look horrible. She looked older than her years, and it was obvious she never had been a belle. When she complained about the esthetics to the former dentist she was shocked when he said, "What do you care about your looks; you are not young any more." She brought along an old set that she had been happy with, and wanted to know if it were possible to get dentures to make her look like they did.

An examination showed that the vertical dimension in the new set had been lowered 5 or 6 mm. Her upper lip was long and the upper anteriors could be seen only when she smiled broadly. The explanation in this case was that many dentists believe that function is more important than appearance, especially in older people;

and that by lowering the height of the teeth better stability was obtained resulting in better performance.

The pride of older people is admirable and understandable. A new set of dentures was made following closely the esthetics she desired. Some improvement was obtained by the judicious use of plumpers. Maybe she did not eat as well with the new dentures, but she liked them much better. Function will improve as she continues wearing them.

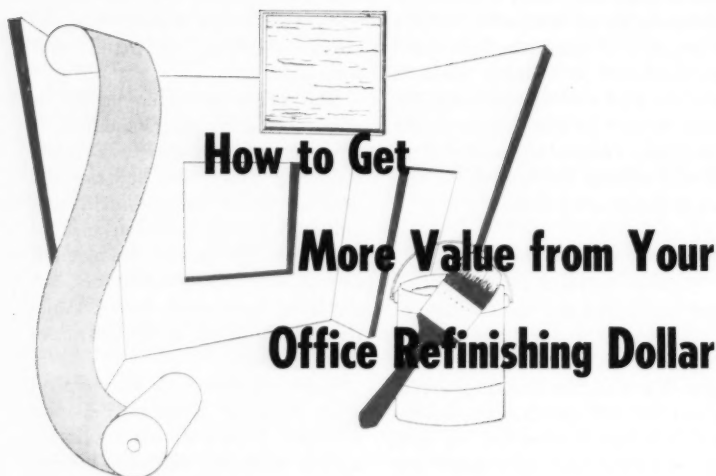
These incidents do not happen every day, but frequently enough to make us ponder on a suitable answer when our diagnosis clearly disagrees with another dentist. We should have some explanation ready to soften the malevolence that might harm one of our colleagues.

Dental science is not static. Constant changes are taking place, resulting in differences of opinion and understanding. This is progress, but we must all guard against the thoughtless word or sneer that belittles our colleagues, for with such reactions we harm the whole profession.

The embarrassing diagnosis is a challenge. We may soothe the troubled waters by a generous application of tact, explanation, and empathy. Properly done this will increase the stature of us all.

*55 East Washington Street  
Chicago, Illinois*





## How to Get More Value from Your Office Refinishing Dollar

BY M. TRAVASCIO

EXPERTS insist that periodic refinishing of reception and operating room walls and ceilings refreshes a dental practice. They argue that such service is no longer classed merely as necessary maintenance, but has scientific importance as a practice stimulator. Dullness, they say, can overtake the atmosphere of a dental office without the dentist being conscious of the gradual downgrading. This was demonstrated in the office of a resort area dentist who was considering delaying refinishing "one more year." He was hurried to prompt action when a strip of fresh paper of the same design as that on his reception room wall was held against

the old paper. The clean piece stood out like a burst of sunlight.

A dentist whose chair faces a blank wall five feet away created the illusion of much greater distance by using an interesting wall treatment. He covered the blank area with a photo mural picturing a mountain scene. "There is such naturalness in this mural," the dentist explains, "that patients now study its beauty details instead of concentrating on my dental operations." He has also found that the wall no longer appears to crowd in to annoy victims of claustrophobia.

A suburban dentist whose office is in the basement of his home "lifted" the low ceiling of his reception room by adding a touch of blue to the white paint used to re-



***Wall and ceiling areas represent more than 80 per cent of the flat surfaces in your office. Scientific selection of their finishes returns special dividends.***

finish the ceiling. Then he applied a scattering of five pointed stars stamped out of silver foil. They reflect light from the room's lamps and create the appearance of height. Instead of being an annoyance, the ceiling is now a subject of conversation among his patients.

#### **Paint versus Paper**

Today there is little competition between these two types of finishes. Each has its advantages, and in many instances they are being used in combination. Paint is sometimes easier to apply and may be cleansed or touched up from time to time. It does, however, offer a single tone. Paper, on the other hand, may provide a varied pattern and its "soft" surface offers some sound absorbing qualities.

The desirability of sound deadening finishes in operating rooms has prompted some dentists to use insulating ceiling tiles in these areas. Acoustic engineers have determined that such a ceiling will absorb upward to 70 per cent of the sounds originating within the room. This prevents conversations with patients from being telegraphed outside, and also hushes the

click of instruments against metal or marble surfaces. Acoustical tiles have also been used in one office to give the dentist privacy while answering his telephone. On the V formed by the walls directly back of his telephone shelf, he has applied a dozen or so sound deadening tiles to catch and hold the vibrations set up by his voice and that of the telephoning patient. The tiles are painted to match the surrounding area which, incidentally, does not lessen their sound absorbing properties.

#### **Color**

Normal men and women undergo changes in mental attitudes when subjected to strong, unrelated and irritating color schemes. To some, color signals danger, like the gray and deep blue of storm clouds. Color may confirm a fear, too, according to one psychologist. A dental patient, for instance, may have his misgivings magnified by the dark, light-absorbing finish in his dentist's reception room.

In a bright, color-refreshed atmosphere the timid patient enjoys relief from emotional tension.

The current swing to other than white finishes in dental operating rooms does more than eliminate the "hospital atmosphere." A pleasing pastel, for instance, lessens eye strain by holding instead of bouncing back annoying reflections.

Dental office equipment is most acceptable to patients when it does not "impose" itself. This is one of



the results of having a colored unit, cabinets, and other equipment blend in with the wall finishes. A pale green chair, for example, will be less conspicuous when surrounded by soft shades of buff, brown, or other complimenting colors.

Experiments in color conditioning have also uncovered an inexpensive technique for distributing light more evenly in the average room. The method calls for painting or papering the wall areas around windows several shades lighter than facing and side walls. Light meter tests prove that walls with windows are darker because light from the outside passes them when entering a room. When these areas are made lighter through the use of a lighter finish they draw back to themselves more of the light in the room.

Although color will continue to be a personal preference, a color expert has suggested consideration of pale blues and aqua tones because they are cooling and quieting. This is a combination beneficial to the patients who keep dental appointments while emotionally tense. He also suggests the avoidance of pink, yellow, and red, because they have the tendency to ex-

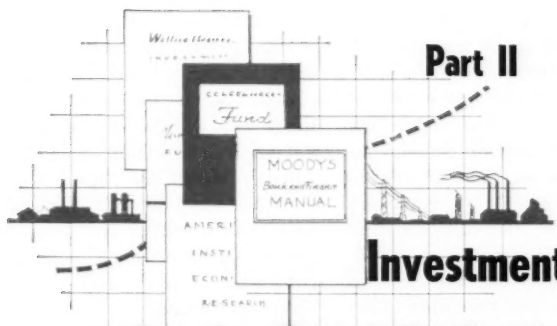
cite. In the lavatory, if the office has such a room, his preference is for a pale blue green because this is flattering to most skin tones and does not soil easily.

A dentist who includes a number of children among his patients might consider finishing the lower four feet of his reception room walls with a fabric type material. When painted a slightly darker shade than the wall above, this finish will not show fingering and may be washed periodically. Some dentists have also gone along with the popularity of knotty pine in reception rooms. This has a higher initial cost but remains serviceable for years and years. This type of finish also is complimentary to rugged and inexpensive maple furniture.

Today the trend is toward a comfortable home-like atmosphere in the dental office, and there are a variety of finishes to choose from. Also, suppliers and contractors are better equipped than ever to offer competent assistance. And for the practitioner with do-it-yourself inclinations there is a wealth of literature available without cost or obligation.

*934 North 63rd Street  
Philadelphia 31, Pennsylvania*





Part II

# Investment Funds for the Dentist's Funds

BY KEITH D. SUTHERLAND, DDS, MS

THE PRINCIPAL advantages to the dentist in the purchase of investment funds are: broad diversification of risk, the advantage of building by dollar averaging, professional management, record keeping, buying and selling of securities, and the function of custody of the shares.

In most cases the dentist is not schooled nor often experienced in the buying and selling of securities. Neither has he a great deal of money to invest in one lump sum. In buying fund shares he is buying competent management at low cost. He is investing small amounts as they are accumulated and at regular intervals and is investing money in a definite estate building

*Investment funds offer you diversification and professional management—here are some suggestions on how to select an investment company.*

plan, monies that, because of their smallness might otherwise be wasted.

*How much of the dentist's funds should be placed in these shares?*

This is, of course, a question to be decided in each individual case. Home ownership, cash set aside for emergencies, size of family, insurance, and many other factors enter this picture. These factors, we like to think of as "musts." In this presentation we are primarily interested in the dentist's funds that he wishes to use for investment in



securities. Office ownership or outside real estate purchases are not a concern of this article. To the dentist who has taken care of his "musts" and has available capital for what we shall call a speculative-investment plan, this article is directed. The person following this plan presumably has ample life insurance to protect his dependents. Moreover, his income will presumably continue despite temporary illness, or he is covered by accident and health insurance.

The primary purpose of this plan is to increase the value of his investing fund by reinvesting the income from investment funds. It is, therefore, our suggestion that followers of this plan put 58 per cent of their available investment fund in fixed-dollar-value securities such as savings and loan companies, savings accounts, and life insurance. The other 42 per cent is placed in common stocks, which may be represented by suitable investment company shares.

*Factors to be considered about the investment company:* Any investment in securities involves certain risks, whether it be in buying stocks directly or through the purchase of investment company shares. Particular attention should be given the following factors in the selection of an investment company before the purchase of its shares.

The type of organization is important. The fund should be of the management type, either closed-

end or open-end, and it should be of sufficient size to allow for a low over-all cost of management. Ordinarily, its total assets should not be less than one million dollars.

The investment policy of the fund is always contained in the prospectus. It indicates whether the funds will be operated as a balanced or common stock fund, whether income or capital appreciation is the goal of the fund, and what investment restrictions are placed on the management. Borrowing and short selling should not be permitted.

Diversification is the primary attribute of the investment fund and it should not be abused. No more than 5 per cent of the fund should be invested in one company, neither should the other extreme be followed. Too large a diversification minimizes the benefits expected from a wise selection of the most promising companies and industries.

The portfolio should contain seasoned stocks which are sold on the major exchanges and which are readily marketable. The past performance of the fund is a valuable consideration. However, past performance is no guarantee of the future of the fund.

*Sources of Information Concerning Funds:* Information concerning the investment companies is available to investors. Open-end companies are required to furnish prospectuses to potential purchasers, closed-end companies, docu-



ments relative to their activities. Other pertinent sources of information are MOODY'S BANK AND FINANCE MANUAL<sup>1</sup> and INVESTMENT COMPANIES by Arthur Weisenberger. These may be found in brokers' offices and public libraries.

*Performance Records:* These provide a basis for judging the merits of a company, serve as a comparison with other companies, and provide information relative to management ability. Performance records can be studied by means of the prospectuses, quarterly reports, and by study of the books by Moody and Weisenberger.

*Investment Companies with Good Records:* After a perusal of nearly all available literature relative to the performance of the best known companies we find some of the best data associated with INVESTMENT TRUSTS AND FUNDS, published by the American Institute of Economic Research. They found that over a span of more than two decades, which included two cyclical movements of the market, the closed-end investment companies provided consistently more favorable investment results. These companies provided greater earning power with the highest resultant rate of return. This was found to be true during a decreasing market as well as a rising market. The Institute reports that this is contrary to popular opinion.

<sup>1</sup>Moody's Bank and Finance Manual, Moody's Investors Service, 99 Church Street, New York.

The consensus of unbiased economic writers seems to indicate that future purchases should be confined to the closed-end companies having the best over-all record. Also shares should be bought when they are available at a discount. Two such companies are, Consolidated Investment Trust and Lehman Brothers. Both of these companies have exceptionally fine long-term performance records, a low management expense ratio, and they are acclimated to cyclical market changes. Tri-continental Corporation is another closed-end company with a superior performance record and its shares may be purchased at a discount.

Open-end companies like Colonial Fund, Axe-Howard Fund and National Investors Corporation have excellent records.

#### *Conclusions:*

1. The important points of analysis relative to any type investment company are: investment policy, portfolio, capital structure, and company management.

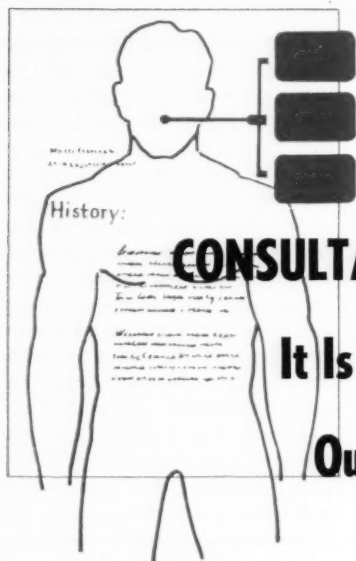
2. Past performance is no criterion of future performance; however, this record gives valuable analytical clues.

3. Investigate before investing. Get completely unbiased opinions. Sometimes salesmen are overzealous concerning their product. Learn to look up data for yourself.

4. Dollar averaging works over a considerable period of time and depends upon regular investments

*(Continued on page 52)*





## CONSULTATION CLINIC:

**It Is Definitely**

**Our Business!**

**BY ARTHUR ELFENBAUM, BA, DDS\***

ONE sometimes wonders why the risks which dentists often take do not have more calamitous results. Dental extractions are performed for patients with valvular defects of the heart, periodontal treatments are given to those with blood dyscrasias, and biopsies of oral tissues are taken just to see what might be found. Perhaps the good fortune of the "innocent" operator can be attributed to the Biblical assurance

that the Lord guardeth the simple.

If dentists would only visit the emergency room of a large hospital when a patient is brought in near death after an unfortunate experience in a dental office, they would soon learn that no dental treatment should ever be instituted without adequate information about the patient's previous dental experience and a medical history. Many patients who had rheumatic fever in childhood have had an infected tooth extracted without the proper antibiotic medication (they did not explain and the dentist did not ask), and they have been plunged into a near-fatal subacute bacterial endocarditis. A simple prophylaxis has been responsible for an almost

\*Doctor Elfenbaum is Professor Emeritus of the University of Illinois and Northwestern University. Consultant in Diagnosis and Treatment Planning at the Dental Training Center of the West Side Veterans Administration Hospital, Chicago, and Courtesy Member of the Medical Staff at the Michael Reese Hospital.



***Obtain a medical history and full information regarding previous dental experience before giving any dental treatment, in order to avoid disastrous results.***

uncontrollable hemorrhage of the gingivae, because the dentist did not know or ignored the fact that the patient had a thrombocytopenic purpura. Malignant melanomas, one of the severest cancerous conditions, have been incised on the assumption that a partial biopsy was enough to establish a diagnosis.

Such unfortunate incidents are sometimes overlooked on the supposition that an accident happened, but the time has come to realize that dentistry is in a transitional stage—it is changing from a purely mechanical art with function and esthetics as its main concern, to a biologic science, which deals primarily with the patient's health. If dentistry prefers to continue producing oral prostheses and appliances and ignoring oral-systemic correlations, it will be suddenly brought to its senses when our medical colleagues relinquish all oral problems and teach the public that the dentist is to be consulted on all abnormal conditions of the mouth, irrespective of whether the treatment is to be mechanical, surgical, or medicinal. When that time arrives (and it appears to be approaching rapidly), the dentist will

have no choice but to accept the challenge and perform all the duties of a mouth physician, just as the cardiologist is held to be the authority on all abnormal heart conditions.

**Patients' Confidence**

Modern dentistry's transitional process may be impeded, however, by the public's failure to appreciate that the time taken by the dentist to elicit a history is essential to proper diagnosis and treatment planning and that he must be compensated for the time consumed. No patient would have too much confidence in a physician who failed to ascertain his complete history, yet this same patient cannot fully understand why the dentist has to know whether he urinates frequently at night or loses his breath when he climbs a flight of stairs. If he comes to have dentures made, he thinks all the dentist has to do is extract the teeth and take an impression. Some patients go so far as to deny or falsify the information requested by the dentist on the assumption that the true answer is none of the dentist's concern, not realizing that they may be doing themselves untold harm.

A case in point is the one in which a 50-year-old woman, accompanied by her husband, appeared for the treatment of a mandibular second premolar, which had given her a considerable amount of pain. A month previously she bit hard and unexpectedly



on a cherry pit in a pie and for a few days she felt intermittent, lancinating shocks in the tooth. Then the pain subsided. A week later the pain returned, but it was a dull, throbbing ache. Essentially, the description given by the patient suggested an acute pulpitis with an active hyperemia, followed by a chronic condition and a passive hyperemia and the progress of the toxic products in the pulp canal through the foramen into the periapical area.

Inasmuch as the pain was not too severe, a complete set of intraoral roentgenograms was prescribed. The patient reported that she had not had any unusual illnesses and no operation, and we assumed that her medical history was not contributory. As was to be expected, a definite radiolucent area was visible at the apex of the offending premolar. But we were intrigued by another radiolucency in the body of the bone where a second molar had been, and the bone between this radiolucency and the crest of the ridge appeared to have a scattered type of trabeculation, closely resembling the roentgenographic images seen in osteomyelitis, but without sequestration.

When the patient returned, the mucosa over this suspicious area was palpated, but it did not have the firm consistency usually associated with a healthy bone base. We persuaded the patient to permit us to take a biopsy of the bone, and to our surprise the pathologist's diag-

nosis was squamous cell carcinoma. This implied a metastasis from another malignancy in the body.

Confused by the patient's denial of any previous illness or surgery, we telephoned her for clarification of the situation. Fortunately the husband answered the call, and he said that his wife was not at home. We related the circumstances to him and he replied that he, too, was surprised that his wife had not given us the information we requested. On the way home, he said, he had asked her why she did not tell us that her breast had been removed two years previously because of cancer, and her reply was that the mastectomy *was not our business!*

What a catastrophe might have occurred if we had extracted the premolar without knowing the true history! The surgery might have precipitated a rapid metastasis of the malignancy into the blood stream or lymph channel with dire results, and we might have been blamed for the disastrous consequences. Later the patient admitted that she did not think it appropriate to talk to a dentist about her breast. She did not realize what an injustice she had done to herself and to us by withholding the facts. From every point of view the history was definitely our business. The patient was referred for consultation and a hemisection of the mandible was performed.

431 Oakdale Avenue  
Chicago 14, Illinois

ORAL HYGIENE



**So You Know**

**Something**

**About**

**DENTISTRY!**



**By ROLLAND C. BILLETTER, DDS**

**Quiz 177**

1. Carcinoma occurs about (a) 2, (b) 5, (c) 10, times more often in the anterior two thirds of the tongue than in the base.  
.....
2. Is there a definite relationship between the amount of previous bone loss at the cervical crest and the ability of a tooth showing such loss of support to assume added work-loads? ....  
.....
3. True or false? The routine use of vasoconstrictors or thrombo-

plastic agents following surgery is unnecessary and is contraindicated. ....  
.....

4. The increased use of chromium-cobalt dental alloys can be attributed to (a) low density, (b) low material cost, (c) high modulus of elasticity. ....  
.....
5. The majority of preparations are made today in the range of what rpm? ....
6. True or false? In most x-ray machines of fairly recent manufacture, the hazard of leakage radiation is not nearly the problem that it is with older machines. ....  
.....
7. Is methyl methacrylate toxic in its liquid state? ....
8. Retention of any restoration (a) is, (b) is not, dependent on a mechanical lock. ....  
.....
9. Most pathogens in the oral cavity are (a) gram-positive, (b) gram-negative. ....  
.....
10. The major causes of bruxism seem to be on a (a) systemic, (b) psychologic basis. ....  
.....

**FOR CORRECT ANSWERS SEE PAGES 74 and 75**





# Practice Administration Thought- Provokers

BY CHARLES L. LAPP, PhD,  
and JOHN W. BOWYER, DBA\*

## What Is The State of Mind of Your Dental Assistant?

Dental assistants typically are in one of four states of mind. Some are in an *anticipation* stage most of the time. They are always anticipating they will do better the next day, next week, or next month; and never do the things necessary to make their anticipations a realization.

Some other dental assistants are in a state of *frustration*. Their frustrations usually stem from fear that they will not please, and fear they cannot do something. These fears must be removed by understanding their fears, and then telling them how you want things done.

A third state of mind among some dental assistants is *complacency*. They have no fears—they know enough to get by and so do not try or want to improve themselves. As a result they usually become steadily worse in the performance of their duties. You must keep your auxiliary personnel in a progressive state of mind if they are going to perform their job efficiently for you and maintain good patient relationships.

## Have You Checked On Your Receptionist's Telephone Conversation Recently?

Not long ago we called a few dental offices and some of the receptionists answered the telephone with such remarks as: "Yes," "Hi," "What

\*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis.



can I do for you?," or "Whose calling?" Some answered with the office telephone number—and then we wondered if we really had the dental office we intended to call, or some other number.

### **Brainstorming, A Change of Pace For a Dental Study Club Meeting**

As a change of pace for your next dental study club meeting you might try a brainstorming session. The rules and procedures for brainstorming are as follows:

1. Select a moderator who can control the participants.
2. Select as a subject something that is not controversial, but for which you want multiple ideas to implement some action.
3. Require participants to signify that they have an idea to contribute.
4. Allow no evaluation of ideas. (This should come later as it will stifle the free expression of ideas by participants.)
5. Appoint two people to record ideas given (usually one person cannot keep up with the ideas as rapidly as they are given).
6. Let participants pounce on the ideas of other participants.

Usually brainstorming is most effective when there are no less than ten and no more than thirty participants. Most subjects can be brainstormed from ten to twenty minutes. Stop the brainstorming on any one subject when ideas from the group seem to begin to slow down.

### **Some Tax Tips**

It is not too soon to start thinking about your next year's federal income tax return:

1. Do not assume that in all cases your tax will be less with a joint return. This is particularly true if your wife has an income, because of the limited deduction items. These limited deduction items are medical expenses in excess of 3 per cent of income, and capital losses up to \$1000. If you have medical expenses, 3 per cent of the smaller income is provided by separate returns. The same savings may be available from capital losses. You can deduct up to \$1000 in capital losses against ordinary income on your joint return, or \$1000 each on your return and your wife's if you file separately, making a total capital loss deduction of \$2000. The best thing is to compute your return both ways and see which way your tax is lower.

2. Remember to keep good records; there is no limit as to how much you may take in deductions (except medical expense and charitable contributions). However, if you have an income over \$15,000 a year there is a good chance your return will be checked and you will need good supporting records.



3. Do not forget to carry your liquid savings, your secondary reserve for emergencies, in high-grade tax-exempt municipal bonds, which yield about the same as savings bank deposits, but the income is tax exempt.

#### **Government Sponsored Disability Income Insurance**

The federal government now offers two plans for disability income insurance. Veterans may apply for a total disability income rider to their National Service Life Insurance policies. No physical examination is required for applicants 40 years of age or younger. Policyholders who become totally disabled from any cause before reaching 60 and while their rider is in effect will receive an income of \$10 a month for each \$1000 face amount of life insurance, or a maximum of \$100 a month. You must apply for this insurance at your Veterans Administration Office.

The other coverage is the disability benefits under the Social Security Act. These benefits permit you to draw monthly retirement benefits beginning at age 50 if you become completely disabled. The requirements are rigid in that you must be permanently and totally disabled at the time you apply and you must meet specific requirements. Contact your local Social Security Administration Office for more details.

#### **The Stock Market—How High Is Too High?**

A number of people have had the problem in the last few months of deciding whether or not they should sell the common stock they own and take the profit. The dentist can take two approaches to the problem. The first is to select securities of companies with good growth potential or prospects and hold on irrespective of price until retirement, assuming the dentist gets or makes an occasional appraisal of the fortunes of the company. You cannot put any security away and forget about it. Second, you can use the time-honored approach of setting a specific price goal, say \$50 a share for a stock you pay \$25 a share for; and when the price reaches this amount sell enough of the stock to get the original investment out and then let the profits ride. Of the two approaches, the first is probably preferable in most cases.

#### **Investment Counseling—Can You Afford It?**

Normally, you cannot afford to be without the services of an investment counselor; because when you attempt to manage your own securities, you neglect your best investment—your practice. The problem that most professional men face is that they do not have a large enough portfolio to use the services of an investment counselor. To overcome



this, many counseling firms have set up a mutual fund in connection with the counseling firm. Investors with an amount of savings too small to use the individual counseling service are advised to buy shares in the mutual fund under a systematic accumulation plan until they have accumulated a large enough fund to meet the minimum amount for individual counseling (from \$25,000 to \$50,000). This tie-in arrangement enables the small investor to build up his fund under the same supervision available to the large individual accounts. For more information on this arrangement, write to Practice Administration Thought-Provokers.

#### **How One Dentist States His Policies For His Patients**

Please read the statement of office policy below:

This office shall be open Monday through Friday from 8 AM to 5 PM, and on Saturday from 8 AM to noon.

Fees charged for services performed in this office have been determined by taking an average of dental fees in this area. Terms for payment of fees shall be cash, unless otherwise arranged. For service requiring more than one appointment (dentures, or bridgework) fees shall be paid as the service progresses, the completion of payment coinciding with the completion of service.

Appointments may be made by mail, telephone, or calling at the office. Emergencies will be taken any time, if time possibly permits. Patients are reminded to please notify our office at least 24 hours in advance if an appointment cannot be kept. Appointments broken without notifying us shall be charged for at our discretion. All valid excuses, of course, will be given due consideration.

Parents accompanying children are requested to please remain in the reception room unless the dentist asks them to do otherwise.

#### **Provide For Transfer of Ownership**

Under present inheritance tax laws the transfer of ownership of a practice to another associate may become rather difficult and burdensome. It is also extremely difficult to ascertain the true value of a deceased associate's share unless a formula for the determination of such value has been set up and agreed upon by one of the principals prior to the death of one of them. Inheritance taxes are due and payable at the time of death. It may be difficult for the heirs of the deceased to raise the cash to pay the taxes. Therefore lawyers and accountants are recommending that a formal agreement be drawn up between associates stating clearly how the share of the practice of the deceased be handled.



More and more the funds for such agreements are being obtained through life insurance.

#### **Benefit Program For Assistants**

A number of insurance companies are now making available group insurance, medical care, pension and retirement programs, to employers with as few as five employees. A big advantage of these programs, and one that has contributed to their rapid growth, is the fact that the contribution made by the employer is deductible as a business expense, and is not considered to be taxable income to the employees.

#### **One Consideration In Buying Automobile Insurance**

The lowest priced automobile insurance may not always be the best buy. The various insurance companies have different philosophies and procedures for handling claims. The small differential in the cost of the insurance may often be an insignificant consideration if considerable time and effort is required on your part to effect a settlement.

*Washington University  
St. Louis, Missouri*

#### **INVESTMENT FUNDS FOR THE DENTIST'S FUNDS**

*(Continued from page 43)*

especially in a decreasing market.

5. Under present market conditions and in the over-all picture, when available at a discount, closed-end companies offer the best investment for the dentist.

6. The greatest value of this

type of investment lies in the wide diversification offered plus the estate building factor of dollar averaging.

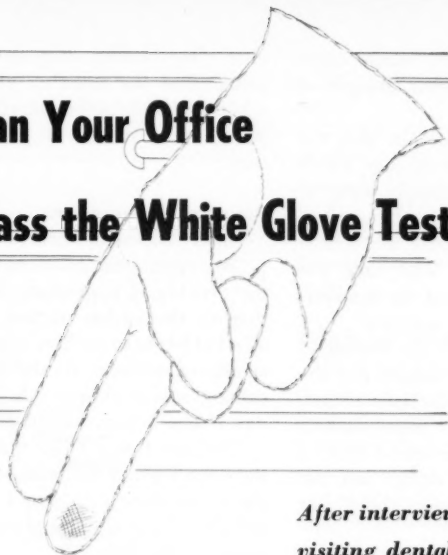
*5250 Canterbury Drive  
San Diego 16, California*

#### **THE COVER**

THIS month's photograph of the trapper's cabin and cache near Anchorage, Alaska, represents an invitation to the annual meeting of the Alaska Dental Society, the first since Alaska became our 49th State. The meeting will be held in Anchorage, July 13 to 16. Requests for information about this meeting, and reservations, should be addressed to Doctor Frank Dorsey, 644 Seventh Avenue, Anchorage.—*Photograph by Ward W. Wells, Anchorage, Alaska.*



# Can Your Office Pass the White Glove Test?



*After interviewing patients and visiting dental offices, this author found a number of good housekeeping points that you may be ignoring.*

**BY DONA Z. MEILACH**

YOUR PATIENT is seated in the chair. You are not quite ready to work on him. Ever wonder what is going on in his mind?

You think he is concentrating on that cute assistant? Possibly. But if your patient is typical of those I interviewed, the chances are his eye is making an inspection tour of your housekeeping. As deftly as a Navy Lieutenant sweeps his white glove over a foot locker, your patient is observing the condition of your equipment, your office, and you.

What he sees and the conclusions he draws may come as a shock. So seat yourself in your dental chair, tip it up, tilt it back. Look around from the patient's view. See how your office would rate under the scrutiny of the men and women interviewed.

Without exception, everyone we spoke to said he was initially well impressed with the several dental offices he recalls visiting. Everything is apparently clean and in good order. The dentist washes his hands before he goes from one patient to another, sterilizers are bubbling, worktops are orderly.



Perhaps the factors some deem "unsanitary" are never thought of by the dentist.

One man pointed out that the rubber bulb for the syringe which the dentist uses to supply water to the patient's mouth is often soiled. He felt that each time the dentist touches the bulb and then the mouth of the patient, he transfers germs from one to another.

As he waited for the dentist to polish an inlay, he noticed that the spotlight which the dentist constantly adjusts was badly fingermarked. "I've watched his assistant dusting and cleaning," he said, "but she never seems to look above her head."

A young secretary interviewed laughed at her dentist's attempts to use "sterilized" instruments. She noted on several occasions that the assistant would interrupt her desk duties to set up for the next patient. With her hands full of carbon and erasure particles, she would take the instruments from the sterilizer and place them on the tray.

Insufficient cleanliness precautions on the part of the dental assistants came in for a great deal of criti-

cism. One woman disgustedly recalled that the assistant did not wash her hands before handling instruments to assist with an extraction.

#### **Patients' Observations**

Other comments were:

"My appointments are usually in the evening. I appreciate the fact that my dentist has worked a long day, but I hate to see him in a blood-splattered uniform. He should have extra gowns to change into at midday if one becomes soiled."

"Sediment and blood stains on the cuspidor and wall make me feel the whole office is dirty and neglected. I've changed dentists twice because of this factor."

"The instruments the dentist plans to use are all laid out before I enter his operatory. I suppose I must assume they are clean ones. Yet I can't help but wonder if some were left over from the patient before me."

"There's a window ledge straight ahead of my vision which has a year's dust accumulation. The fluorescent tubes overhead have a beard of dust also. I feel one good sneeze will land the particles into my gaping mouth."

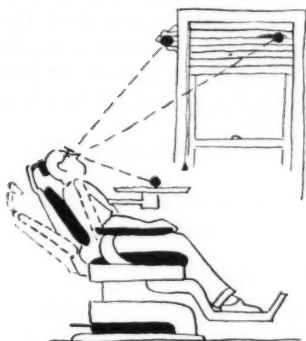
"Head rests should be disposable. I have dandruff and would hate to pass it on to someone else. Likewise, I would dislike to catch someone else's oil and grime on my hair."

"The dental tray is fingerprinted. It is caked with dried cement particles which fall on my clothes."





"Drawer handles, chrome faucets, and many tubes and sprays on the unit are overlooked in the superficial dusting which is done."



Only two persons were critical to the point of being concerned about the possibility of germ transference. Most agreed that a dental office cannot be antiseptically sterile. They were essentially concerned with high standards for cleanliness which every professional man is expected to meet.

In this matter, some of the dentist's personal habits came in for a share of criticism. Here they are:

"He washes his hands before he begins to work on me," observed one woman. "But if he answers the phone, goes in the lab or steps out of the office, he doesn't wash his hands again. How do I know what he has handled?"

"Fingernails are not clipped and clean," was a comment made by many of those interviewed.

"Nicotine stains on nails and teeth."

"I wish he would be more careful of what he eats for lunch. Often his breath is offensive."

"He constantly rubs his hands through his hair in a feeble attempt to push back a Skeeze-type hair style."

#### Results of Office Tour

After noting these complaints, I decided to check ten offices at random. On the pretense of taking a magazine readership poll, I gained entrance to the operatories of men whose practices are in a middle and high middle-class area. In every office the first impression was favorable. But careful observation substantiated all the complaints made by the interviewees, plus a few more. In one office, wall paint was peeling. In another, the waste receptacles looked as though they were never wiped. Spider webs adorned the corners near the ceiling in seven of the ten offices.

I observed that one dentist kept a cigarette burning on the ledge of his cabinet and puffed at it each time he turned away from the patient.

I discussed my findings with several dentist friends. Each admitted failing on one or more points. They had never thought of some as being offensive. No one felt the patients interviewed were hypercritical, except on the theory of germ transference. They agreed that once an instrument is intro-



duced into the mouth, it is immediately contaminated because the mouth carries more germs than any other part of the body.

To keep a constant check on the condition of your office, these suggestions were made:

1. Sit in the dental chair at least once a week and carefully observe the surroundings from the point of view of a waiting patient, with nothing to do but criticize. Tip the chair up. Tilt it back. Look at the ceiling, at the unit, at the cuspidor.

2. Keep a housekeeping chart.

List the tasks to be accomplished daily and weekly. Be sure they are done and checked off by your assistant.

3. Watch the habits of your dental assistant. Strive to make them as immaculate as you think they should be.

4. Use the air hose two or three times a day to blow the dust from the unit.

5. Use the white glove test.

9735 South Vanderpoel Avenue  
Chicago 43, Illinois

#### DOWN-IN-THE-MOUTH STATISTICS

IT IS startling to learn that extrapolations indicate there are 21,600,000 people in the United States who are edentulous; that is, completely lacking in natural teeth. This is 13 per cent of the entire population, but it is 29 per cent of all persons over 35 years of age. For the statistically minded, we continue the percentages: 40 per cent of those between the ages of 55 and 64 are estimated to be toothless; 62 per cent of those between 65-74, and 67 per cent of the total population over 74 years of age.

There seems to be little difference in the percentage of the toothless in city and rural districts.

Apparently only about 40 per cent of those who visit dentists do so without being driven by a toothache to seek help. As might be expected, this means a high percentage of extractions. This is borne out by the estimated 20 per cent of extractions necessary when the patient first seeks help. Apparently Shakespeare was correct when he makes Benedict say that never yet was there a philosopher who could endure the toothache patiently. Nonaching carious teeth seem, however, to be well tolerated.

All of this seems to point up the general problem that we are not as healthy as we know how to be or as we have opportunity to be. While virtually all those completely lacking in natural teeth do have artificial replacements, these do not serve adequately for mastication. Teeth present one of our greatest public health problems.—*Medical Science, Philadelphia.*





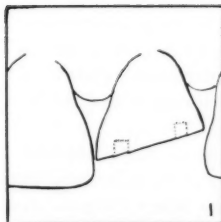
# TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

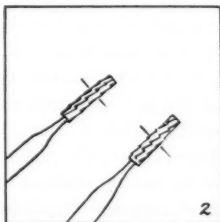
## Restoration of Fractured Anterior Tooth

By ALVIN GREENBERG, DDS

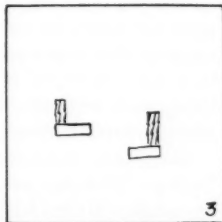
Drawings by Dorothy Sterling



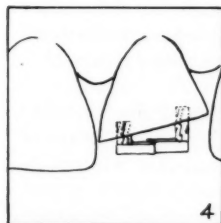
Prepare fractured edge to receive two posts. In drilling the holes, begin with a small round bur and finish with a # 557 bur.



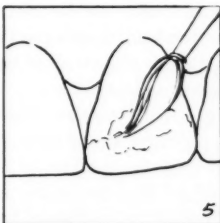
Use sterile # 557 bur heads as posts, cutting each to the proper length.



At right angles on each post, solder or spot-weld a short piece of stainless steel band.



Trim band ends so that they will touch or overlap when posts are positioned in the tooth. Cement posts in place.



Clean cement from tooth, posts, and bands. Use the brush-on technique to build the restoration in fast-setting acrylic of the proper shade. Over-build, dress down, polish.

### Note to Contributors

We invite dentists to submit material for this page. \$10 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month,  
Oral Hygiene,  
1005 Liberty Avenue,  
Pittsburgh, Pennsylvania





## EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely  
according to my conscience above all liberties." John Milton

### RE-EXAMINATION AND RECIPROCITY

Two articles in *The AMA News* should be of interest to dentists. One proposal made by the President of the American Medical Association suggests that physicians be re-examined periodically by licensing boards to assure "acceptable programs of continuing medical education . . . . Organized medicine could require postgraduate education and re-examination for continuing membership."<sup>1</sup>

The other suggestion came from the Federation of State Medical Boards: "The day may not be far off when a doctor who is licensed in one state will find his license accepted in each of the other states . . . . Endorsement of other states' licenses is gaining among the 49 states."<sup>2</sup>

Medical leaders should be commended for seeing and expressing these issues so clearly. There is no reason why a physician or a dentist should be licensed in perpetuity or be allowed to continue practice after the stream of scientific progress has left him stranded. We all know dentists and physicians who have made not the slightest effort to keep apace with developments. They attend no meetings; they read no professional literature. Some of them practice the same as they did the day that they qualified for a license—many even worse.

In an article in *Medical News* President Gundersen of the American Medical Association was reported more fully and strongly: "Years of experience have indicated that the quality of medical care will not be uniformly of the high standard that the public has every right to expect, without some definite stimulus . . . . Other keep-up stimuli proposed were: Re-examination, postgraduate education, or both, as a requirement for continuing membership in special or other medical associations.

<sup>1</sup>Re-Examination Plan Suggested for MDs, *The AMA News* 2:3 (February 23) 1959. .

<sup>2</sup>Reciprocity is Gaining, *The AMA News* 2:3 (February 23) 1959.

"AMA Head Calls For Periodic Retesting of GPs, Specialists, *Medical News* 5:1 (February 25) 1959.



Doctor Gundersen envisaged this point as an extension of the function now performed by the 24,000-member American Academy of General Practice."<sup>3</sup>

When a physician who occupies the position of honor and responsibility that attends the presidency of the American Medical Association speaks in such a forthright manner, it is time for dentists to make the same kind of self-evaluation. How many of us can say in full truth that we make a sustained effort to keep informed of progress in our own professional field by attending meetings, postgraduate courses, seminars, and by studying the dental literature? How many of us are prepared to accept the principle of some kind of re-examination at regular intervals?

Certainly no one would wish to see a revocation of a license because a dentist could not pass an examination. Is there any reason, though, why a dentist should expect that he should be allowed to practice indefinitely when he has demonstrated no effort or interest in keeping up to date in professional affairs? A license to practice is a privilege granted by a state. It is *not* an inborn right.

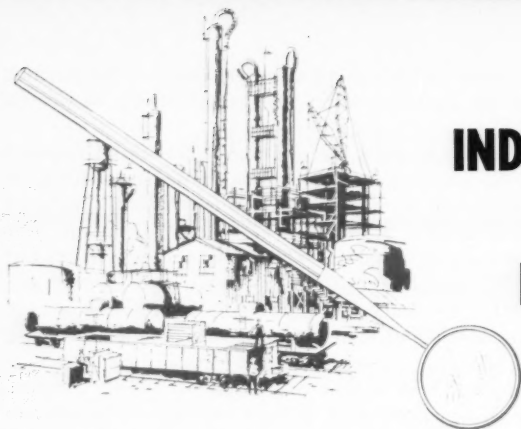
The Academy of General Dentistry has made a commendable effort to bring a pride of "keep-upness" to dentists throughout the Nation. The only qualification in this dental organization is that the member earnestly dedicate himself to professional advancement. No spangles or jewelry, no pomp or ritual, no meaningless "degree" are part of the qualification for membership in the Academy of General Dentistry.

The American Academy of General Practice in medicine and the Academy of General Dentistry represent *voluntary* methods to improve the quality of practice. These are methods to be preferred to government regulation.

The other proposal for states'-wide reciprocity will have more acceptance among dentists and physicians than the suggestion for some form of re-examinations at regular intervals. It is natural that it should. We all prefer the favors and convenience of reciprocity to the extra work involved in continuation study.

*Eduard J. Ayer*





# INDUSTRIAL Dental Programs

BY ALAN H. GREENWOOD, DDS

DENTAL programs in industry should be primarily *preventive type programs*. This type of program is in direct contrast to the type providing extensive corrective services. A complete dental care program will not work out to the advantage of the entire employee population. Let us take for example the case of a plant employing about 500 people. To do corrective dentistry on a complete basis would occupy the entire time of a dentist within the plant. However, few industries of this size could afford a full-time dentist engaged in a program of this magnitude.

Obviously the most desirable program is one which will serve the greatest number of people at the lowest cost, and yet be of infinite value to those receiving its benefits. This type of program is advocated by the American Asso-

ciation of Industrial Dentists, and specifies:

1. Pre-placement and periodic oral examination of all employees, including x-rays.
2. Emergency service, including treatment of injuries and diseases of an occupational nature.
3. Keeping of accurate dental records.
4. Education in dental health.
5. Referral of employee to a practitioner of his own choice for treatment of those diseases that are of a nonoccupational nature.

This is the sort of program we are endeavoring to develop in the industrial dental field and are most in accord with. "Why? Because we feel that with such a program we can cover a greater number of employees. We can counsel them on their dental conditions by doing in-plant examinations, by seeing a great number of them a better dental educational program can be de-



***An in-plant preventive type dental program will save money for industry by reducing absenteeism and improving industrial efficiency.***

veloped and finally we will be able to get them into a dental office. Should we be successful through examination within the plant, either pre-employment or periodic, in being able to convince the individual that he should have dental service and he in turn seek this service, we feel that one of the cardinal requisites of our industrial dental health service has been accomplished."<sup>1</sup>

Let us consider the educational aspects of an industrial dental service. This should be planned to include not only the employee, but also the industrial management personnel. The dental educational program employs the use of films, individual conferences, posters, and pamphlets.

It is difficult to predict the exact course that industrial dentistry will take in the next few years. Clauses providing for various kinds of dental treatment are being included in union contracts, workmen's compensation legislation, and industrial insurance policies. An industrial establishment which proves unable

to provide some type of dental service, will find itself saddled with prohibitive costs, both of treatment and lost man hours. "Insurance companies it seems are about to include liberal dental services in the provisions of their health and accident policies. When this occurs, dental services will automatically be included among the fringe benefits for which industry already pays. Under these circumstances, an industrial dental facility will help keep insurance compensation premiums at a minimum, for these are based upon accident experience."<sup>2</sup>

The high cost to management of dental injuries and emergencies stems not only from lost man hours, but from a dangerously indifferent attitude toward industrial dentistry. Considering the foregoing, this indifference must be abandoned. Industry is now obliged, even though not of its own choice, to seriously consider the need for in-plant or close-by dental installations.

The most important problem of dental health among industrial workers is the need for regular dental examinations and care. This will tend to maintain healthy mouths, eliminate pain and infection, reduce absenteeism, and improve industrial efficiency. Dental disability is in truth an industrial disability.

*Lincoln Medical Center  
1242 Lincoln Avenue  
Anaheim, California*

<sup>1</sup>Aston, E. R.: Preventive Dental Programs in Industry, Department of Health, State of Pennsylvania Publication, May 1952.

<sup>2</sup>Morvay Leonard.: The Future of Industrial Dentistry, 15th Annual Meeting, American Association of Industrial Dentists, April 21, 1958.



# Q ASK Oral Hygiene A

Please send all correspondence for this department to:  
The Editor, *Ask Oral Hygiene*, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

## Discolored Teeth

Q.—I have a woman patient, 38 years of age, whose teeth keep turning black. When I clean them they remain white for several days and then begin blackening again. This condition developed after the patient returned from a sanitarium recovered from tuberculosis.

Could you kindly advise a tooth cleanser that I may suggest she use?—J.C.S., Maryland

A.—In the case of your 38-year-old woman patient with black stained teeth, I advise that you first try to determine the cause of the discoloration.

Following are some of the possible causes of black stains:

1. Smoking
2. Excessive tea drinking
3. Consumption of vitamin preparations containing iron and iron compounds
4. Occupation hazards—contact with sulfite compounds
5. Chromogenic bacteria
6. Consumption of specific foods that give off a tarry product

In my opinion, there is no substitute for the proper education of the patient in the use of a toothbrush and an ordinary dentifrice after each meal. This same regimen should also be followed whenever the patient eats between meals. The continued use of a highly abrasive

dentifrice is deleterious to the tooth structure and should be discouraged.

## Fractured Centrals

Q.—Within the last few weeks I have seen three youths, 12 years of age, who have cracked off the corner of the upper central incisor. Although in no case was the pulp involved, a faint redness of the pulp horn could be discerned through the translucent dentine.

It has been my practice to advise the patient of the possibility of future pulp necrosis, and that no permanent restoration such as a crown should be placed over the tooth until the patient reaches the age of 16. In the three cases mentioned, the parents were willing to allow me six months to test the involved tooth for vitality, but they were insistent that something esthetic be done before the children reach 16.

I have considered a three-quarter crown with an open angle which can be filled with plastic. However, I do not feel that this would fill the esthetic requirement.

Can you suggest any form of treatment?—S.J.L., New York

A.—These fractured centrals are always a problem, but I do believe the important thing is to try to maintain the vitality of the pulp. Operative procedure too early might cause pulp necrosis.

Reduction of the contact areas and slight reduction of the lingual  
(Continued on page 64)



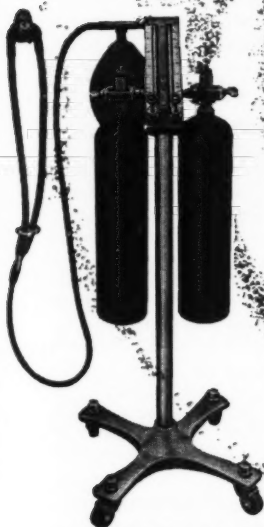
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will permit the placing of a three-quarter crown; no grooves are necessary. I do believe something other than plastic should be placed to seal the broken angle since it does not bond itself to tooth structure. If shoulderless temporary acrylic crowns are used, a piece of gold plate should be inserted on the lingual to maintain the tooth in position, since sometimes the soft acrylic wears and the involved teeth drift or elongate.

A base over the almost exposed pulpal horn should be maintained, possibly one such as a modified zinc oxide-eugenol cement.

### Sensitive Teeth

Q.—In the February issue of ORAL HYGIENE there was a preparation listed by you as an aid to hypersensitive teeth. However, this did not include information as to volume or concentration of all ingredients.

Is this preparation made commercially? If so, could you please tell me where to obtain it?—G.L.S., Montana

A.—Ammoniacal silver nitrate is obtainable from all dental supply houses and is suitable for desensitization of posterior teeth. Eugenol is a satisfactory agent to precipitate the silver salt.

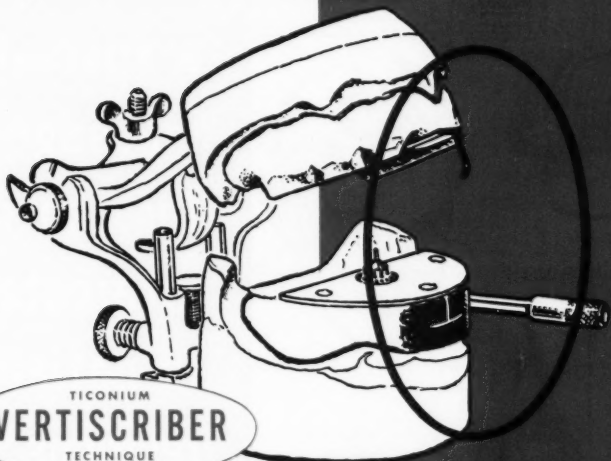
For anterior and posterior teeth, 33 per cent sodium fluoride paste is useful. The formula is as follows: 10 gm sodium fluoride, 10 gm kaolin, and glycerin to make a paste.

This preparation should not be applied to freshly cut tooth surfaces, and therefore cannot be used in cavity preparation.

For anterior teeth, zinc chloride (40 per cent by volume) is an effective.

(Continued on page 68)





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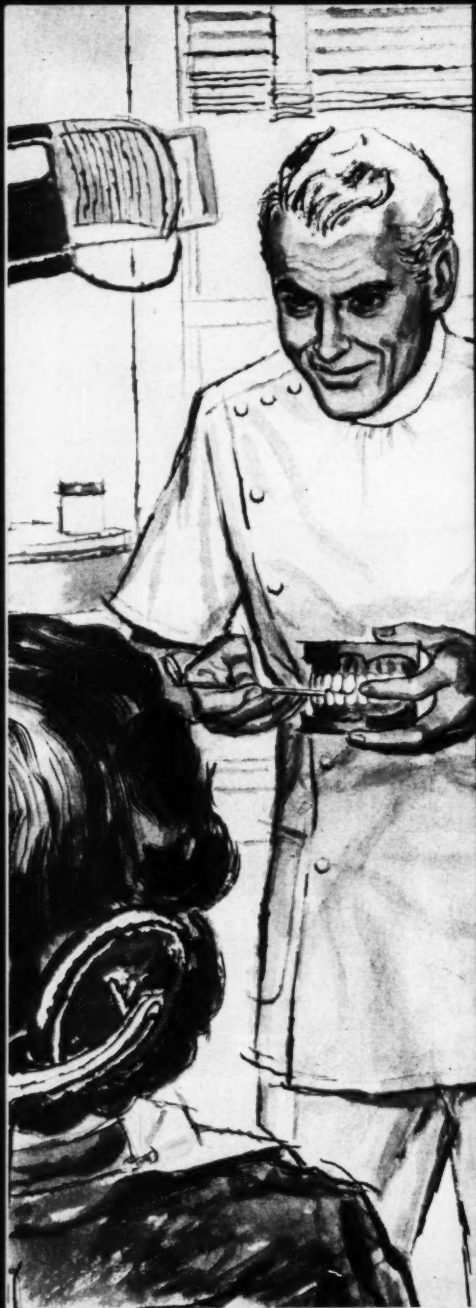
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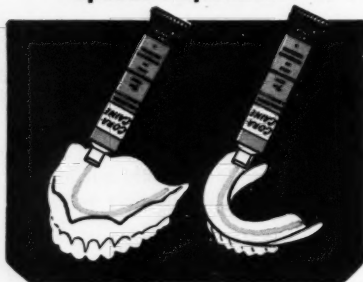
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68

tive desensitizer and should be followed up with a potassium ferrocyanide solution (20 per cent by volume). These solutions can be easily produced by a pharmacist.

Of the foregoing recommended materials for desensitization, only ammoniacal silver nitrate, so far as I know, is produced commercially. However, in the other preparations, the ingredients are used in different proportions for commercial desensitizers.

## **Extraction of Six-Year Molar**

**Q.**—I have extracted a lower first molar for a girl approximately ten years of age, and should like to retain the space with a space maintainer. Please give me information as to the technique and material.—E.G.B., Georgia

**A.**—The desire on your part to maintain the space of an extracted six-year molar of a ten-year-old child is a commendable one. However, my colleagues and I feel that the attainment of such a goal is quite impractical.

In the first place it would be necessary to band most of the teeth of the lower jaw and to follow through with orthodontic treatment for a period of about eight years. At the end of this long and difficult course of treatment, it would be necessary to construct a fixed bridge involving large abutment preparation on two teeth.

At this time, I believe it would be advisable to let Nature take its course. The twelve-year molar will not occupy the identical position of the six-year molar that has been lost; however, when the twelve-year molar is stabilized, I would advise

*(Continued on page 70)*






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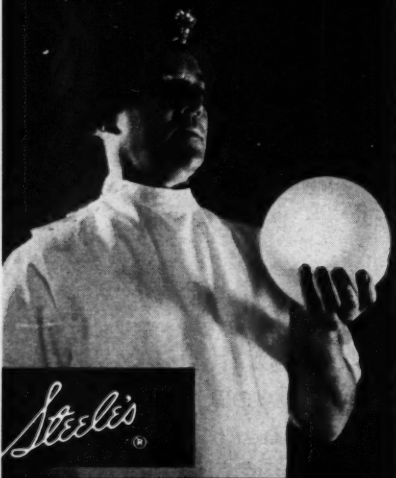
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that you re-examine the position of this tooth to determine whether or not it is necessary to correct its proper relationship to occlusion.

## Denture Adjustment

Q.—I should appreciate your advice on the enclosed case.

The patient is wearing an acrylic denture, which he claims is uncomfortable. The area marked in blue is the area of distress. The denture is short lingually on the right side, and there is a ridge present in the mouth, shown on the model as a shaded area.

I should like your opinion, since I feel that this ridge is the main cause of the patient being unable to wear dentures. —A.D., Pennsylvania

A.—After studying the stone model of the lower edentulous jaw that you enclosed, I am of the opinion that the distress that the patient is experiencing in the heavily shaded area is due to impingement on the mental foramen. I would advise making proper relief at the mental foramen location.

Completing a satisfactory lower denture on an edentulous jaw of this type is a most difficult task. The absence of substantial tuberosities in the retromolar areas, the lack of adequate undercuts except for the lingual of the left side, the extreme loss of alveolar ridge, and the presence of a secondary ridge lingual to the right posterior ridge, all conspire to add to the problem.

In my opinion a satisfactory denture can be constructed if the following rules are followed:

1. Educating the patient with every means including models to understand the difficulty of this problem and share responsibility
2. Construct a tray for a mucostatic impression. This tray should



not impinge on any muscles or hard areas.

3. Use an impression material such as zinc oxide paste or an alginate.

4. Select posterior teeth with low cusps.

5. The posterior teeth should be set for a crossbite.

#### Joint Subluxation

Q.—I have a 32-year-old man patient who complains of a popping of the temporomandibular articulation when eating or using the jaws vigorously. Recently he has developed a soreness and slight pain in the area. He also has an uncomfortable feeling (not pain), and ringing in the ear. These symptoms, which appear on the left side only, are more intense when and after chewing, and appear in the ear and jaw at the same time.

The patient's occlusion is unusual, with the occlusal plane of the posteriors much lower than that of the anteriors. There is some protrusion of the upper anteriors and a deep overbite. This leads me to believe that malocclusion may be causing the trouble, and might be corrected by opening the bite.

I am considering constructing an acrylic appliance to see what results are obtained. If this proves successful, I would construct a more permanent appliance at a later date.

Could you give me instructions on determining how much the bite should be opened, and any other pertinent information?—G.G.O., Virginia.

A.—Unquestionably this case is typical for temporomandibular joint subluxation. The malocclusion history and the symptoms which present upon vigorous chewing are classical. The etiology is most likely due to the malocclusion and the treatment should be directed toward the improvement of the bite.

Your idea of a splint is excellent.

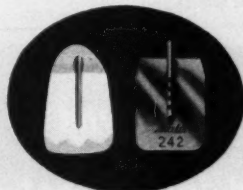
(Continued on page 72)



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The bite opening, especially with the acrylic materials, can be gradually increased from a starting point of 1 mm for about two weeks and then increased  $\frac{1}{2}$  mm every two weeks until the patient complains of temporal "headache," which is due to the fatigue of the temporalis muscle. The splint should then be shaved back to the last  $\frac{1}{2}$  mm point before the "headache" appeared. For permanent positioning, onlays or an onlay type partial set to the new bite position could then be constructed.

#### Solution for Syringes

Q.—What solution do you recommend for syringes and needles after they have been sterilized in boiling water?—R.C.D., Rhode Island

A.—I recommend keeping syringes and needles, after sterilizing in boiling water, in quaternary ammonium compounds such as: benzalkonium chloride, zephiran chloride, and phemerol chloride.

#### Mercury Poisoning

Q.—I have a man patient in his forties who complains about a burning sensation on the anterior portion of the upper palate near the anterior teeth at the gingival line. A year ago his company examined him because of mercury poisoning he developed from his surroundings at the factory. He does not work directly with the mercury, but no doubt he comes in contact with it in some way.

Now, according to his physicians, his physical report is good. He has buccal cavities near the gingival line that are

*(Continued on page 74)*

for crowns  
and inlays that  
stay put



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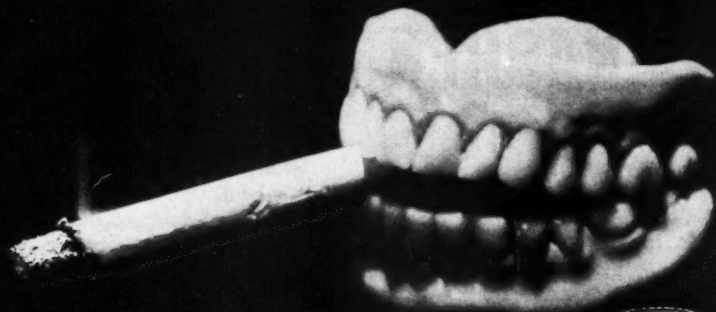

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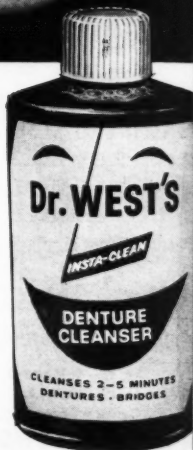


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I. Strand, H. A., Henninger, F., and Dille, J. M.:  
J.A.D.A. 56:491, 1958.

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beginning to soften, and will need restoration; also the upper anterior interspaces near the gingival margins will require attention. The patient keeps his mouth and teeth in good condition otherwise. He is not a heavy smoker. I should appreciate some help as to deciding what physical conditions are involved.—N.S.L., Massachusetts

A.—Burning sensations near the anterior palatine foramen may be related to the peripheral nerves present in that area. Such a neuritis may be related to mercury poisoning.

On the other hand, the onset of severe active caries suggests a heavy sugar intake, perhaps in the form of candy mints or troches. Burning sensations in tongue or palate are common in cases of pellagra resulting from heavy sugar ingestion with diminished protein intake. A therapeutic test using a 100 mg dose of niacinamide may be helpful.

I might also suggest that infiltration of this area with a small amount of local anesthetic solution would relieve the symptoms for some time.

**SO YOU KNOW  
SOMETHING  
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**ANSWERS TO QUIZ 177**

(See page 47 for questions)

1. (c). (Bumsted, W. D.: Carcinoma of the Tongue, J. Can. D. A. 31:13 January 1955)
2. Yes. (Applegate, O. C.: Conditions Which May Influence



the Choice of Partial or Complete Denture Service, J. Pros. Dent. 7:187 March 1957)

3. True. (Accepted Dental Remedies, ed 23, American Dental Association, 1958, page 15)
4. (a), (b), (c). (Taylor, D. E.; Leibfritz, W. A.; and Adler, A. G.: Physical Properties of Chromium-Cobalt Dental Alloys, JADA 56:343 March 1958)
5. 15,000-25,000 rpm. (Swerdlow, Herbert and Stanley, H. R.: Reaction of the Human Pulp to Cavity Preparation, JADA 56: 317 March 1958)
6. True. (US Department of Commerce, X-ray Protection, National Bureau of Standards, Handbook 60, Washington, DC, Government Printing Office, 1955)
7. Yes. (Tylman, S. D. and Peyton, F. A.: Acrylic and Other Dental Resins Used in Dentistry, Philadelphia, J. B. Lippincott Company, 1946, page 190)
8. (a). (Mosteller, J. H.: Role of Silver Amalgam in a Modern Dental Practice, JADA 55:340 September 1957)
9. (a). (Archer, W. H.: A Manual of Oral Surgery, ed 2, Philadelphia, W. B. Saunders Company, 1956, page 223)
10. (b). (Nadler, S. C.: Bruxism, JADA 54:617 May 1957)

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## **PHENAPHEN® with CODEINE**

**¼ gr., ½ gr., 1 gr.**

Of five analgesic agents tested for relief of dental pain, PHENAPHEN WITH CODEINE ½ Gr. proved the most effective — superior to codeine alone.<sup>1</sup> The phenobarbital and hyoscine components of the PHENAPHEN formula were termed "effective synergistic agents in potentiating the analgesic effect of aspirin and codeine."<sup>1</sup>

### **Three strengths:**

#### **PHENAPHEN with CODEINE ¼ Gr. (Phenaphen No. 2)**

Basic Phenaphen formula, plus ¼ gr. (16.2 mg.) codeine phosphate.

#### **PHENAPHEN with CODEINE ½ Gr. (Phenaphen No. 3)**

Basic Phenaphen formula, plus ½ gr. (32.4 mg.) codeine phosphate.

#### **PHENAPHEN with CODEINE 1 Gr. (Phenaphen No. 4)**

Basic Phenaphen formula, plus 1 gr. (64.8 mg.) codeine phosphate.

1. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A. 56:491, 1958

**A. H. ROBINS CO., INC., Richmond 20, Va.**  
*Ethical Pharmaceuticals of Merit since 1878*





## Dentists in the NEWS

### **Awarded Freedoms Foundation Medal**

The Freedoms Foundation has awarded a George Washington honor medal to Doctor Charles F. McKivergan of Providence, for his essay on WHAT IS OUR GREATEST AMERICAN CHALLENGE? The annual Freedoms Foundation awards are given to persons who "write, say, or do things during the year to increase the public understanding" of life in the United States.—*Providence (Rhode Island) Bulletin*.

### **Aids IGY Personnel**

Doctor James Martin's hobby has narrowed the 10,000 miles between New England and Antarctica for some 100 servicemen, and International Geophysical Year personnel and their families. He has brought these people together by means of the "phone patch," an ingenious method of communication via short-wave radio and the telephone. To do this, he has a telephone attached to his ham radio set. When one of the servicemen or IGY personnel in Antarctica wants to talk to someone "at home," he has a ham radio operator there call Doctor Martin who makes a collect telephone call to the specified party.

Most of the calls from Antarctica are made between 2 and 5 AM, because the transmission is best at this time. When Doctor Martin knows someone wants to call home by phone patch, he gets up in the early hours of the morning to put the call through.—*Worcester (Massachusetts) Gazette*.

### **Dentist-Sculptor**

After two years of part-time evening art instruction, Dr. Howard Sherman of

Detroit, Michigan, has been invited to exhibit his sculptures at the Michigan 49th Annual Exhibition. Doctor Sherman says he subscribes to the "classical form of art." He points out that he is "a realist instead of an escapist like Picasso and some others,"—*Detroit (Michigan) Times*.

### **Adds Rolls Royce to Collection**

Antique automobile collector, Doctor Jim Dees of Grand Prairie, Texas, has acquired a 1930 Rolls Royce from a fellow collector in Arkansas. Built for King Mansell II of Portugal at a cost of \$31,000, the car is in surprisingly good condition. Among many features, the Rolls has power brakes; push-button grease application; a solid silver hood ornament and radiator worth about \$500; weighs some 7000 pounds, yet gets 12 miles to the gallon on the road; windows open and close with one push of a lever; the inside is paneled in rare woods; and it has both magneto and electric ignition.

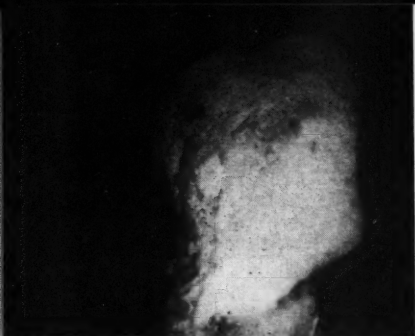
As proprietor of Museum Southwest, Doctor Dees has collected over forty old automobiles and carriages, but this is the first Rolls Royce in his collection.—*Grand Prairie (Texas) Banner*.

### **\$2500 Gift Aids Dentistry Lectures**

The Hartford Foundation for Public Giving has provided \$2500 to finance a series of ten lectures on public health dentistry, according to Doctor Leonard F. Menczer, director of the Bureau of Dental Health, Hartford Health Department. The funds will be used to pay the honorarium and traveling expenses of prominent dentists throughout

(Continued on page 78)





*Extracted molar with gross stain, calculus, cervical erosion, caries*



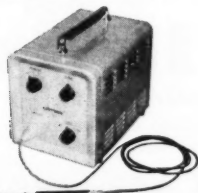
*The same tooth after cleaning with the Portable Prophylaxis Unit*

## RAPID METHOD FOR PROPHYLAXIS AND CALCULUS REMOVAL

- Complete prophylaxis and deep scaling is now routinely done in one sitting by users of the Cavitron "30" Portable Prophylaxis Unit, with a saving of up to 50% in chair time.

### Effortless

Instead of fatiguing hand instrumentation, the operator merely *guides* the lightweight handpiece along the tooth, quickly dislodging subgingival and supragingival calculus. Stubborn surface stain, so resistant to conventional procedures, is also easily removed. Crown and root surfaces are left velvety smooth.



*The Unit is fully portable, can be installed in minutes. Supplied with basic set of prophylaxis tips; tips for amalgam condensation, gingivectomy and root canal therapy also available*

### Clear Field

A continuous water spray washes away debris, maintaining a clean, clear field. *No abrasive is used.* Vision is good; ready access to all areas is provided by quick-snap-in tips available for use with the Unit.

### Gentle

Patients report that the procedure is extremely gentle, with complete absence of unpleasant scaling sensation. Tissue laceration, bleeding and postoperative sensitivity are virtually eliminated.

### Private Demonstration

For information on a demonstration in your office by your local Cavitron dealer, mail the coupon below—now.

CAVITRON EQUIPMENT CORP.  
42-26 28 St., L.I. City 1, N. Y.

- ☐ Yes, I would like a demonstration.  
☐ Please send literature.

OH-6

Dr. \_\_\_\_\_

Address \_\_\_\_\_

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Dealer \_\_\_\_\_



the United States who will be brought to Hartford as guest lecturers. The lecture series is sponsored jointly by the Hartford Health Department, the Greater Hartford Community Council, and the Hartford Dental Society. It was designed primarily for the sixty-five to seventy Hartford dentists engaged in private practice who are presently doing volunteer work in public dental clinics.

"Most of the volunteer dentists associated with the public health clinics put emphasis on treatment rather than prevention of dental or oral diseases," Doctor Menczer said. "We hope that as a result of these lectures the private practitioners will come away better informed in techniques of public health and preventive dentistry."—*Hartford (Connecticut) Times*.

#### Burglar Gets Even

A gloating hoodlum who shouted, "Now we're even," pistol-bludgeoned Doctor Edwin H. Burns of Ridgewood,

New Jersey, trussed him up tightly—and then set fire to his house. Doctor Burns regained consciousness as the flames crackled through the building above his head, managed to free himself from his bonds, and crawled up the cellar steps to safety.

Several months ago, Doctor Burns reported an attempted burglary. He had frightened off the burglar with firecrackers, and the intruder had dropped some burglar tools, in his escape. A humorous account of the firecracker incident appeared in a local newspaper. Sometime later at a dinner attended by several professional men, one psychologist remarked, with what appeared to have been prophetic insight: "It is too bad that story appeared. That fellow is going to be back because his dignity has been injured, and this time he will come prepared to really do a job."—*New York World Telegram and Sun*.

(Continued on page 30)

## NEW! oxilane silicone paste . . . accurate impressions . . . easily obtained



easy to use utilitarian package



Pleasant tasting, odorless, Oxilane is the ideal rubber impression medium. Sets in 2 minutes. It's free of chemical action after set and has ideal dimensional stability. Stone models can be poured up at any time. Can also be copper or silver plated. Exclusive wetting agent lets Oxilane go beyond moisture barriers, under gingival tissue to cavity wall. Look for the Lang trade name . . . your assurance of the finest materials made.

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ask your dealer now . . .

Oxilane is also supplied in *PINK* as a Silicone Cushion Rebase

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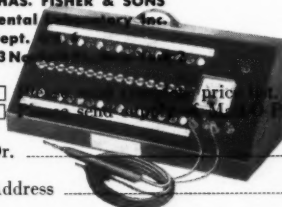


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price list. (100) Paks.



**LANG'S WHITE BEAUTY ALLOY**  
**NUGGETS**

**CONVENIENT . . . TIME SAVING**

Each Lang Nugget, accurately premeasured to 6 grains, has the same inherent qualities of Lang's fine cut alloy. Lang's exclusive infra-red annealing process guarantees smoother texture and better carving qualities.

Every 12-oz. kit contains a stainless steel pestle for use with mechanical amalgamators for easier, faster, more thorough breakdown and amalgamation of each nugget.

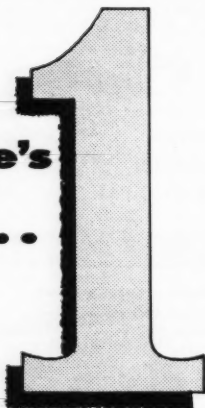
**Try them . . . ask your dealer now . . .  
 you get the best for so little more.**

*Lang*

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only..



Yes, there is only one complete practice management service. Nationwide, PBP has been the choice of thousands of successful dentists for over 30 years. Enjoy the benefits of personalized service acclaimed by dentists everywhere. Build and manage your practice, increase production and income, and have more time to spend and enjoy with your family.

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## Art Activities Snowball

Time is the only limit for Doctor and Mrs. Robert Burningham of St. Paul, Minnesota. Their crowded hobby schedule includes weaving, fabric decoration, contemporary silver jewelry, ceramics, color photography, drawing, and painting. The Burninghams have a hand loom in their recreation room, a silversmith's shop, a complete darkroom setup and a small art studio in the basement.

"In the field of art," Doctor Burningham said, "one thing leads you to another. When you begin on something, such as weaving or silver work, you get curious as to how things that are related to them are done. So you investigate that, and before you know it, you get interested in another phase."

Doctor Burningham is a perfectionist who stays with a project until he has become an expert. His reproductions of paintings, woodcuts, silver work, and pottery, are considered professional in quality.—*St. Paul (Minnesota) Dispatch.*

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Addie M. Yeager, 5954 Morongo Road, Twentynine Palms 3, California

Mrs. J. T. Kenney, 1286 Jackson Avenue, Lakewood 7, Ohio

Mrs. Pat Hadsell, 1033 Indian Hills Drive, Grand Prairie, Texas

Gerald Westreich, 150-36 87 Road, Jamaica 35, New York

Wesley Smith, 3231 Webster Street, San Diego, California

Sharle K. Bernhardt, 5808 15th NE, Seattle 5, Washington

Louise Coffin, 29 Hollis Street, Worcester 10, Massachusetts

Mrs. Edith Sharland, 102 Waterman Street, Providence, Rhode Island

Mrs. Grover D. Renfro, 2207 Addison Road, Houston 25, Texas

Mrs. Clara McAuliffe, 2400 West Gary Road, Burt, Michigan

Mrs. Lorraine Koza, 1638 East Arlington, St. Paul 6, Minnesota

M. E. Martin, RFD No. 1, Box 75, Baltic, Connecticut

Mrs. Louis Tabakow, 3953 St. Johns Terrace, Cincinnati 36, Ohio



So we *"Thank You"*  
with this **\$7<sup>00</sup>**  
*Saving...*



**6 KING-SIZE CANS FOR ONLY \$20.00**

**TO EXPRESS OUR THANKS**

**New Improved Coe Alginate\*** is easier than ever to mix... absorbs water faster... reaches a creamy consistency quicker. Now the time from initial gel to final set is less than before, and this new, improved impression material has more elasticity and greater strength. However, two things remain unchanged: its agreeable flavor and its "no-fix" convenience for immediately pouring clean, sharp impressions.

**During June and July, 1959** we are offering this very special price of 6 cans for only \$20.00 to express our appreciation for your help in making Coe Alginate so popular throughout the dental field.

**You save \$7.00** over the single can price. When ordering please tell your dealer whether you prefer Coe Alginate Fast Setting, or Regular. (Prices in Canada slightly higher.)

\*U. S. Patent No. 2637434

#### **NEW USER OFFER**

... Want to make a trial run of Coe Alginate and still save \$2.50? Ask your dealer for a "New User Special"  
—3 king-size cans for \$11.00. (Until July 31, 1959.)

**COE LABORATORIES, INC.**

Chicago 21, Illinois





## LAFFODONTIA

Everybody in America has two ambitions—to own his own home and to own a car so he can get away from it.

★

Mrs. Jones was sitting in the breakfast nook shelling peas when she heard a knock at the door. Thinking it was her young son, she called "Here I am, darling."

Silence. Then a deep voice boomed, "This is not the regular iceman, ma'am."

★

Irritated Motorist (who had just been side-swiped by a character driving a big black Cadillac) — "What's the matter, Mac, did you have to hock your brains as a down payment?"

★

She — "Aren't these new freeways simply wonderful?"

He — "I'll say they are. The old narrow highways where two cars could hardly pass are being replaced by wide expressways where six or eight cars can collide at one time."

★

"I'm a great lover of ghost stories."  
"So'm I, pal. Let's shake."

★

"Do you think your son will forget everything he learned in college?"

"I hope so. He can't make a living just making love to the girls."

★

Be the first in the office every morning, the last to leave at night, never be absent, always work through your lunch hour, and one day the big boss will call you in and say, "I've been watching your work very carefully, Jones. Just what the . . . are you up to?"

Boss: "Well, did you get the letter I sent you?"

Office Boy: "Yes, sir. I read it on the inside and on the outside. On the inside it said, 'You're fired.' On the outside it said, 'Return in five days.' So, here I am."

★

He had been to an auction and bought a grandfather's clock and was carrying it home. Stumbling along, not being able to see too well over the top of it, he ran head-on into a drunk. Setting down the clock, he sneered, "Why in 'ell don't you watch where you're going?"

"Well, why in the 'ell don't you wear a wrish-wash, like everybody elsh?" queried the inebriate.

★

The famous psychologist had finished his lecture and was answering questions. One meek little member of the audience asked, "Did you say that a good poker player could hold down any sort of executive job?"

"That's right. Does it raise a question in your mind?"

"Yes," came the reply. "What would a good poker player want with a job?"

★

"Anything will do," he said to the clerk. "I can let you have a cot in the ballroom," replied the clerk, "but there is a lady in the opposite corner, and if you don't make any noise, she'll be none the wiser." "Fine," said the tired man, and into the ballroom he went. Five minutes later he came running out to the clerk. "Say," he cried, "that woman in there is dead." "I know it," was the answer, "but how did you find out?"





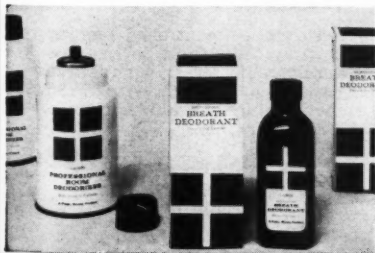
## Now... Laclede® Antiseptic Breath Deodorant in new, handy spray dispenser

**Added convenience** is offered by the new, easy-to-use form of a quality product specifically compounded for dentists' odor-control requirements. Laclede Antiseptic Professional Breath Deodorant now comes in a plastic squeeze bottle. Its pocket size makes it suitable as an individual applicator for all dental office personnel. It takes little room on the bracket table for patient-appreciated chair use.

**Economical** as well as effective, the Laclede squeeze bottle provides hundreds of sprays of a fine mist with immediate and long-lasting breath-freshening action. As much or as little as desired can be dispensed as often as needed. It neutralizes odors from many sources—such as food, tobacco, medications, and bacteria.

**Doctor, give your nose a break** with Laclede odor-control therapy to make your work more pleasant and improve patient relations. Make personal contacts more agreeable by using Laclede breath deodorant in the new spray dispenser and in four-ounce bottles. Keep office atmosphere fresh and sanitary by three-times-daily spraying with the Laclede room deodorizer in the push-button can.

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New York 16, N. Y.







## WHAT'S NEW

IN PRODUCT DESIGN—  
FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

**Oxilane**—a silicone impression material. Contains wetting agent which permits material to go beyond moisture barriers, underneath gingival tissue to cavity wall. Odorless, pleasant tasting. Sets in 2 minutes. Lang Dental Mfg. Co., 828 Montrose Ave., Chicago 13.

**Enodon® Gage**—eliminates measurement and calculation errors in root canal work. Tells where file tip is at all times. Three canals can be treated simultaneously. More accurate medication and coagulation. Young Dental Mfg. Co., St. Louis 8, Mo.

**Ruthal Ruby Carvers**—for bulk reduction and grinding of high spots on all acrylic dentures. Grind rapidly, leaving a smooth, satin finish which requires a minimum of polishing. Ruthal Industries, 221 West 41st St., New York 36.

**Dr. Herman's Scientific Desensitizer**—for desensitizing hypersensitive tooth areas. Eliminates hypersensitivity due to erosion or clasp abrasion. Ruthal Industries, 221 West 41st St., New York 36.

**Extension Cone Paralleling Instruments**—set consists of posterior and anterior paralleling instruments and three film-backing bars. Technique is simple and positive. Can be sterilized. Rinn Corp., 2929 N. Crawford, Chicago 41.

**Pin Matrix Retainer**—spring pressure on bands only .0015 thick forms unyielding wall to confine alloy. For

M.O., D.O., and M.O.D. restorations. Dental Matrix Co., 16 N. Goodman St., Rochester 7, N.Y.

**Denture "Beginner Kit"**—for the new denture patient, both complete and partial. Contains instructions, trial pack of Dr. West's Denture Cleanser, etc. Weco Products Co., Chicago 11.

**Compressor**—delivers odorless, filtered, temperature-controlled air. Two models available. Requires no oil changes, no belts, life-time sealed. Kleen-Air, Inc., 719 Raymond Ave., St. Paul 14, Minn.

**Enamel Shavers**—speeds gross reduction of incisal edge, of mesial and distal sections to shoulder of gingiva. Pflingst & Co., Inc., 62 Cooper Square, New York 3.

**Power Mixer**—insures bubble-free mixing. Better spatulation for larger mixes in air or under vacuum. Features unique switch. Whip-Mix Corp., 411 West Avery Ave., Louisville 8, Ky.

**Jelenko 4-Pack**—contains two 4-oz. packages of Jel-Pac, one 2-oz. bottle Die-Sep Lubricant, one 4-oz. bottle Wax Pattern Cleaner, one 8-oz. bottle Polishing Compound Remover. J. F. Jelenko Co., Inc., 136 West 52nd St., New York 19.

**Aqua-Therm**—controlled warm water spray. Adjustable thermostat, reservoir type heater. Does not affect temperature of air delivered to air turbine bearings. Dental Appliance Co., Canton 1, Ohio.



# Patients of all ages benefit from **Amm-i-dent**®

*Seven clinical tests show high-urea dentifrice reduces caries incidence*



## FOR PRE-SCHOOL CHILDREN

"Remarkable retardation of caries among the test group"—averaging 39.6% at the end of the first year and 32.8% at the end of 21 months.

Dental Record 71:15, 1951

Dental Record 71:184, 1951



## FOR SCHOOL CHILDREN

The two-year study among 306 Philadelphia public school children showed a 25% reduction in caries incidence among the test group. Recent tests in Zurich confirm these results.

JADA 49:185, 1954

J. Dent. for Children 24:237, 1957



## FOR TEEN-AGERS

An 18-month study in a New York school benefited the test group with a 50.9% reduction.

Oral Surg., Oral Med., & Oral Path. 4:1576, 1951



## FOR ADULTS

Two reports of unsupervised home use indicate that the test dentifrice brought about a reduction of caries incidence of more than 40% in four years.

J. Dent. Research 28:248, 1949

Oral Surg., Oral Med., & Oral Path. 5:155, 1952

*Amm-i-dent—recommended by more dentists than any other dentifrice*

**BLOCK DRUG COMPANY, INC.**

**Jersey City 2, New Jersey**





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*Amm-i-dent—recommended by more dentists than any other dentifrice*

## **BLOCK DRUG COMPANY, INC.**

**Jersey City 2, New Jersey**



**Foot Control**—for use with Midwest Air Drive "400" handpiece. Permits quick change from low to high speeds. Can be adapted to any unit foot control. Extends bearing life by eliminating skid resulting from full speed starts. Midwest Dental Mfg. Co., 4439 West Rice St., Chicago 51.

**X-Ray Apron**—new double side plastic. Can be cleaned with soap and water. Star X-Ray Co., 150 East 23rd St., New York 10.

**FR Solutions**—the developer lowers fog level, decreases exposure time, processes more film, etc. Fixing solution increases fixing speed, tolerates 20% carry-over of developer and processes more films. Kerr Mfg. Co., Detroit 8.

**S-C Acrylic Repair**—sets complete in 9 minutes. Especially useful to orthodontists in making space maintainers. Plastic dispenser is included. Stratford-Cookson Co., 261 South 3rd St., Philadelphia 6.

**S-C Acriliner**—a new tinfoil eliminator. Stratford-Cookson Co., 261 South 3rd St., Philadelphia 6.

**Casting Machine**—designed to eliminate the manual winding of casting arm, and manual stopping of arm after a chrome case has been cast. Housed in sturdy steel cabinet. Niranium Products, 203 East 18th St., New York 3.

**Dusting Powder and Pre-Coat**—a gritty powder that is sprinkled on wet pre-coated case to guarantee a cleaner casting. Niranium Products, 203 East 18th St., New York 3.

**Lounger**—neat, compact and attractive. Attaches to seat frame and extends to toe-board. The S. S. White Dental Mfg. Co., Philadelphia 5.

**10/2 Package**—S. S. White Filling Porcelain. Contains 1 powder each Nos. 1, 2, 3, 4, 5, 6, 7, 9, 10 and 11. Also 2 liquids, 1 color guide and 1 powder measure. Also available in 12/3 pack-

age. The S. S. White Dental Manufacturing Co., Philadelphia 5.

**Resusitube**—re-oxygenates lungs in seconds. Keeps air passageway open during resuscitation. Eliminates objectionable mouth-to-mouth contact. Johnson & Johnson, New Brunswick, N.J.

**Casting Furnace**—palm-sized and compact enough to accompany the investment ring into casting machine and still maintain thermal expansion of the mould until the gold is cast. Weighs only 6 oz. Presto Dental Manufacturing Co., Box 6193, Sacramento, Calif.

**"Split-Level" Models**—Both the 90KV and 70KV are available, permitting x-ray tubehead to be mounted on wall above cabinets, and the control placed elsewhere. X-Ray Manufacturing Corp. of America, 1750 Plaza Ave., New Hyde Park, N.Y.

**Eyeguards**—one-piece ventilated optical Lucite eyeglasses. Allows wearer unobstructed wide vision on all sides. Protective Clothing Co., Box 8076, Pittsburgh 16, Pa.

**Plaster Impression Gun**—a new chrome-finish, one-hand operation gun which makes possible on-the-spot impressions of plaster or other material. Fits hand perfectly. All metal construction. Dental Plaster Gun, Co., 5010 Underwood Ave., Omaha, Neb.

**Neo-Nococillin Ointment**—Contains a mixture of three effective antibiotics in a water-soluble ointment base. Has broader antibacterial spectrum, better patient tolerance and better tissue response. Novocol Chemical Mfg. Co., Brooklyn 7.

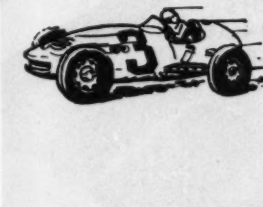
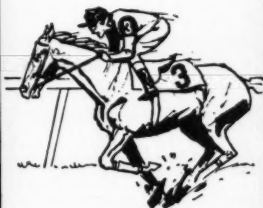
**Ad'Hez**—Used for denture relining. Has a natural capillary attraction and continual cohesion with tissues. Available in two types: conventional cure for use by laboratories, and cold cure for selective chair side relining. Harry J. Bosworth Co., Chicago 5.



## *it's no. 3 everytime!*

With Aderer No. 3 Bridge Gold you win 3 ways:

- 1) Specially formulated to meet the most rigid requirements it performs beautifully on any mouth rehabilitation case regardless of how intricate the casting or fine the margin.



**ADERER**

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for complete mouth rehabilitation

FIXED BRIDGES • REMOVABLE

BRIDGES • ATTACHMENT CASES

*...with just ONE metal*

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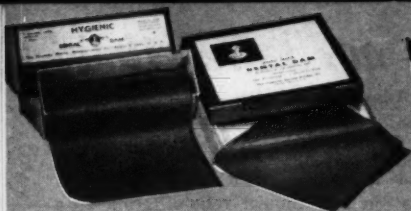
- 3) Cannot be injured by overheating.

Send for descriptive literature to Educational Dept. 21-25 44th Ave., Long Island City 1, N. Y.

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**JULIUS ADERER, INC. • new york • chicago**





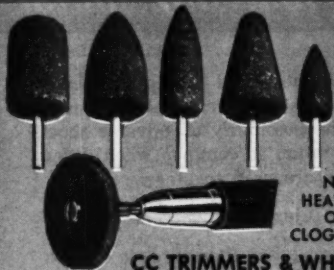
### **PURE LATEX DENTAL DAM STRONG AND TEAR-RESISTANT**

Hygienic Latex Dam together with modern accessories (from other manufacturers) now combine to render the recognized advantages of the rubber dam available for easy application by all. Available in light and dark colors and in rolls, pre-cut squares and sterile sheets.



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Hygienic Flexiboles are made of a new, flexible elastomer which positively will not adhere to plaster, stone or alginates whether wet or dry. Offered in a pleasing glossy green in 5 standard sizes. Why waste valuable time cleaning old-fashioned rubber bowls?



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OR  
CLOGGING**

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*You'll enjoy  
working with these fine*

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the QUALITY HOUSE  
that are easy to use...  
and economical too!*

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NECESSARY**

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MODERATE  
PRICE

This fine acrylic undergoes a special refining and blending process which accounts for its exceptional uniformity, excellent physical properties and easy working characteristics. No special techniques needed to produce beautiful, bluish-free dentures. A complete range of shades, granulations and setting times.

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DENTURE MATERIAL  
NEEDS NO TRIAL PACK

No finer denture material—at any price. Microlon's "3-Dimensional" molecular structure achieves spectacular improvements in physical properties. Its dentures are unequalled for beauty and accuracy. Shades: Pink, Veined, Heavy Veined, Clear.



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The self-curing standard for repairs, partials, space retainers and flaked rebasing. New Color-Fast formula prevents unnatural yellow cast from appearing—maintains original pinks and characterized effects. Shades: Pink, Veined, Heavy Veined, Clear.

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AND SPEED



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finest do-  
mestic and  
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waxes

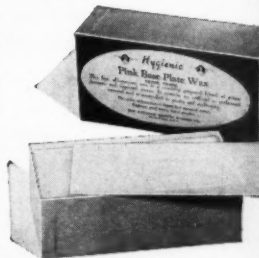
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Red Wax—for set up and bites.

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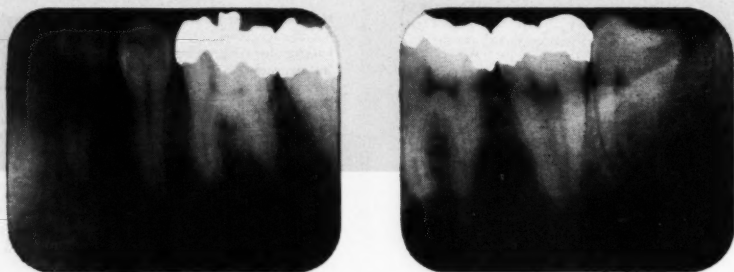


H659



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(TRAUMATIC, HEMORRHAGIC OR SOLITARY BONE CYST)



**A. PERIAPICAL RADIOGRAPHS.** Unusual case of multiple cystlike locules encompassing apices of lower left first and second molars. When surgically penetrated a serosanguineous fluid was obtained but no evidence of a cyst lining was found. Teeth in areas are vital and normal.

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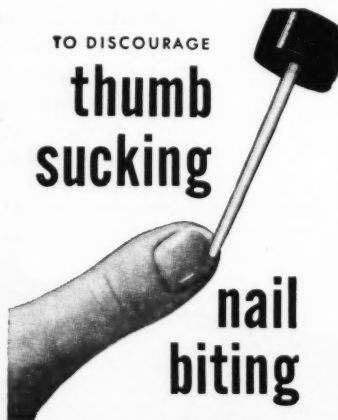
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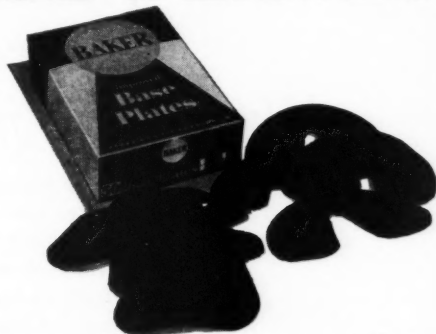
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citrus	1 glass
apple	50 glasses
grape	9 glasses
pineapple	3-4 glasses
prune	50 glasses



†Data calculated from: Watt, B. K. et al., U.S. Dept. Agric. Handbook No. 8, 1950; and Burger, M. et al. Agr. & Food Chem. 4:418, 1956.

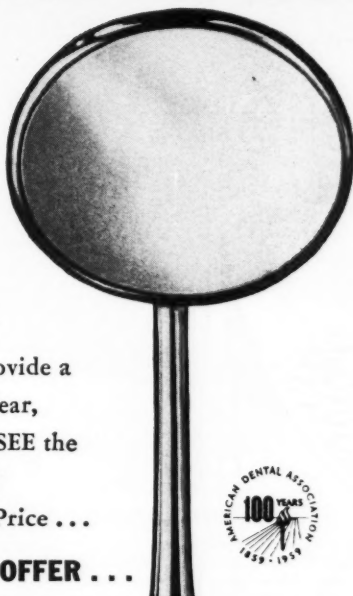
\*This is the peak of the Recommended Daily Allowances for adolescence or pregnancy; 150 mg. during lactation; 70-75 mg. for normal adults.

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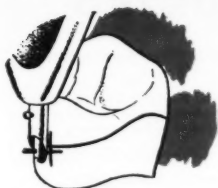


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Just send models  
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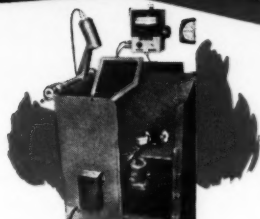
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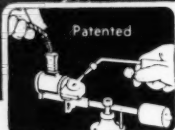
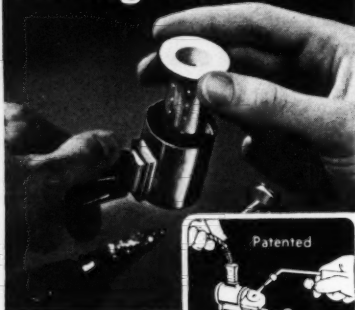
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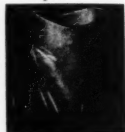


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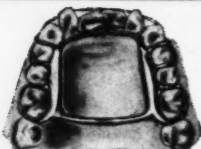
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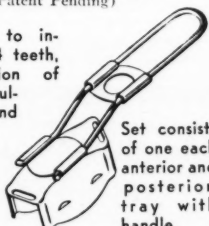
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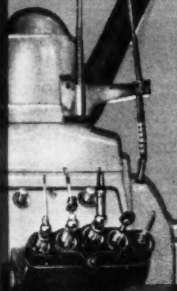
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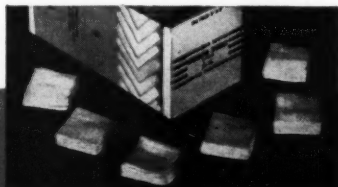
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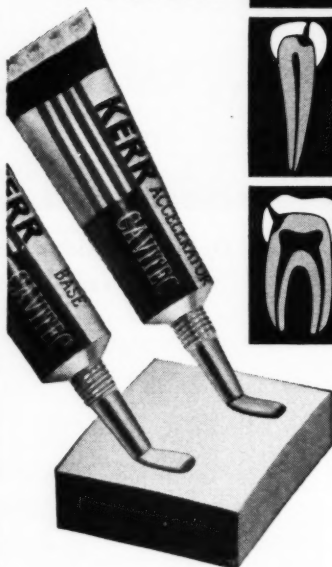
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Regular use of Listerine Antiseptic as a mouthwash and gargle is recommended as an important aid in maintaining oral hygiene and health.

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**Fill out** the coupon below and send it in with your professional card and check or money order for \$2.50 made out to Lambert Pharmacal Company Division and receive prepaid a full gallon of Listerine Antiseptic.

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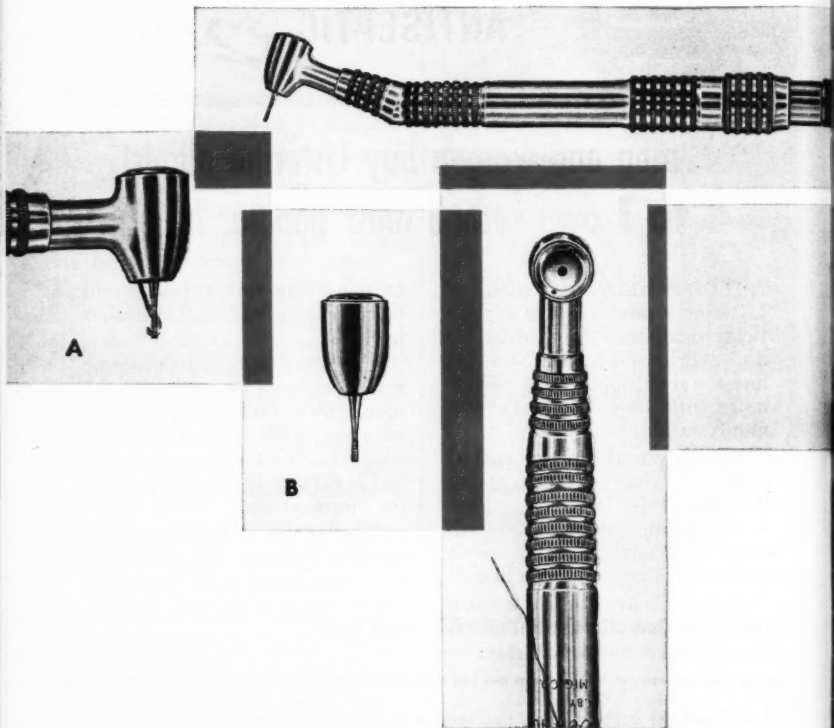
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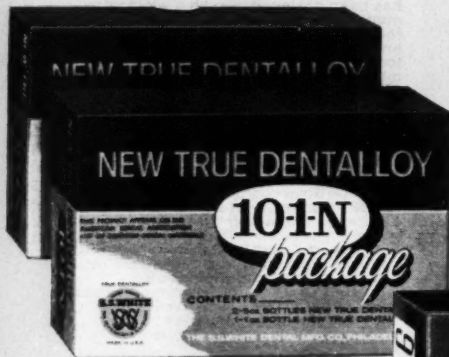






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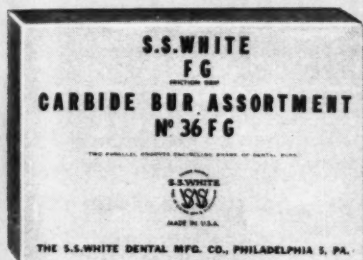




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PRICE: **130<sup>25</sup>** with F.G. Burs  
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**36 Assortment F.G. or  
Latch Type Carbide Burs**

**PLUS Free "Thermos" Picnic Kit**  
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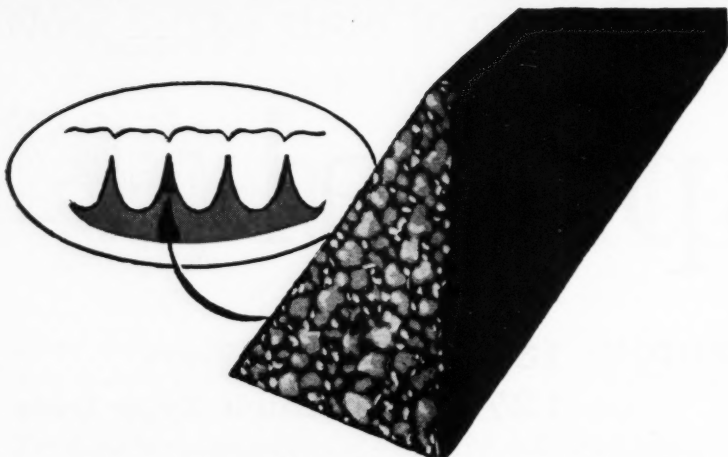
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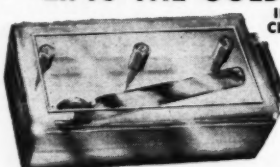


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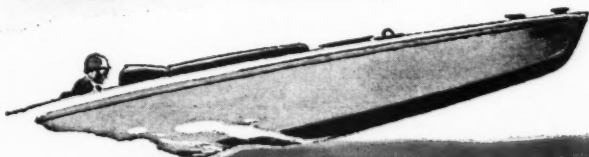
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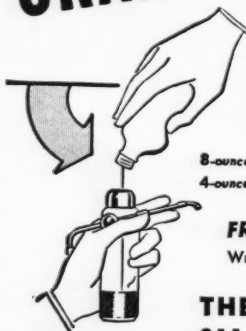
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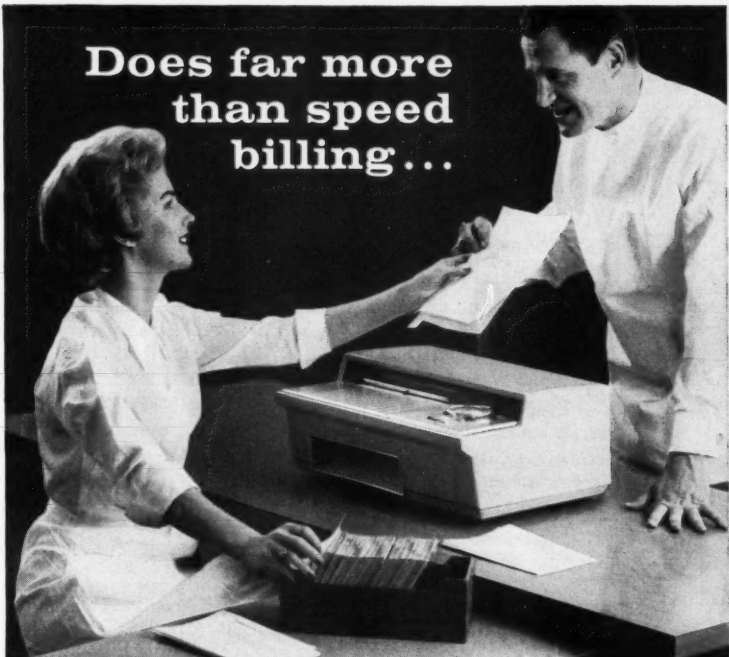
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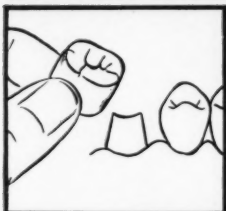
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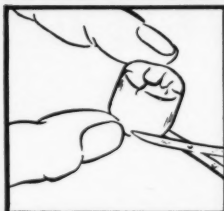
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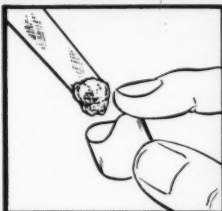
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- 1 Select crown to fit snugly over prepared tooth



- 2 Cut crown gingivally to tooth height



- 3 Fill with temporary cement

- 4 ... and seat on tooth

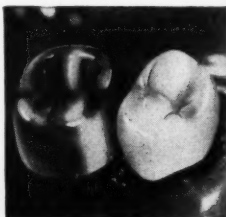
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- Precarved crown adapts to tooth as it is seated — occlusal adapts immediately to opposing tooth.
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Complete technic included in kit

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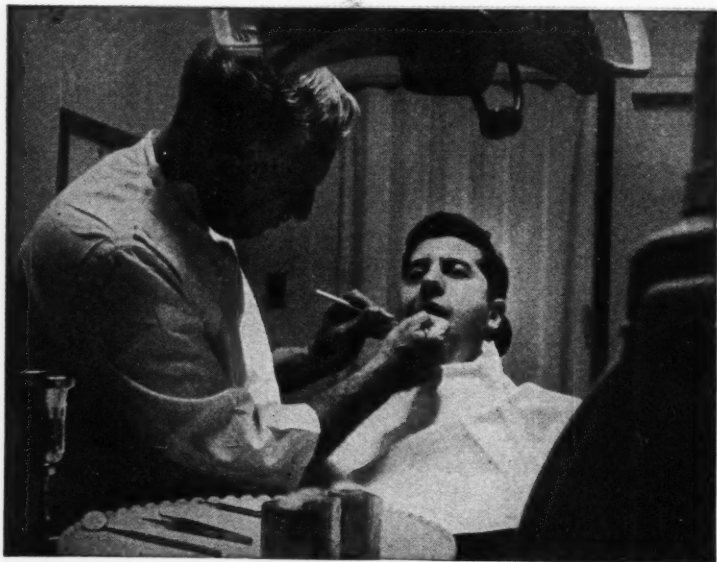




*A report of clinical findings published to date:*

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relieved and controlled  
hypersensitive teeth  
in 79.2% of the cases studied





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Published reports of clinical investigations show that patients who experience tooth pain from hot and cold or sweet and sour foods—as well as during cold weather—benefit measurably from regular brushings with Thermodent. In 571 observations on 92 patients, it was found that 42% of the patients had complete relief of dentine hypersensitivity—and 30% “good” relief—during regular use of Thermodent. All 92 patients “reported at least some benefit.”<sup>3</sup>

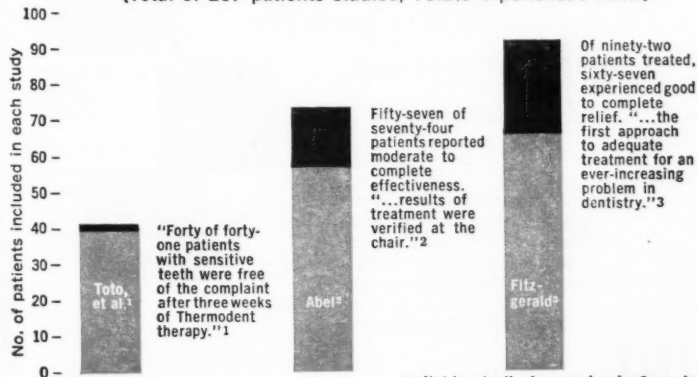
The reduced sensitivity afforded by Thermodent allows routine and thorough brushing for patients formerly unable to maintain proper oral hygiene. In addition, office visits are less painful because sensitivity to instrumentation is diminished—making for better patient cooperation and a saving of valuable chair time.

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(Total of 207 patients studied; 79.2% experienced relief)



1. Toto, P. D.; Staffileno, H., and Gargiulo, A. W.: J. Periodontology 29:92 (July) 1958. 2. Abel, I.: Oral Surg. 11:491 (May) 1958. 3. Fitzgerald, G.: Dental Digest 62:494 (Nov.) 1956.

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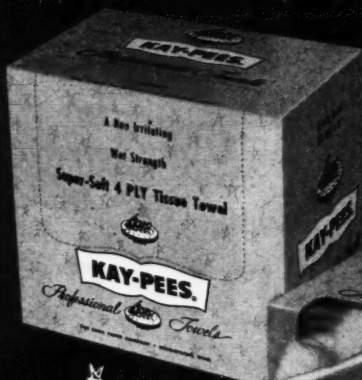


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Preparation of Veneer Crown  
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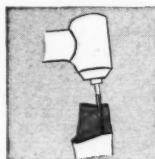
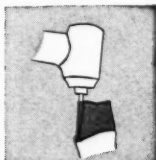


**Gross Reduction  
of Occlusal**

Reduce occlusal surface in the approved manner, using a No. 173L ENAMEL SHAVER.

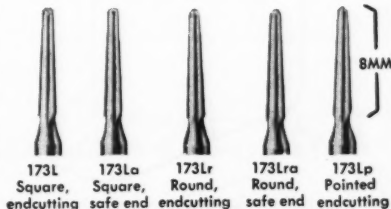
**Establishing  
Labial Shoulder**

Using the same No. 173L ENAMEL SHAVER, establish the labial shoulder, extending and reducing the shoulder mesially and distally, with a shaving motion, past the proximal on either side.



**Establishing Grooves  
and Finishing**

With a No. 171L or 172L ENAMEL SHAVER establish grooves, well back towards the lingual, both mesially and distally, extending from occlusal to shoulder. Finish labial shoulder; using a **HORICO DIAMOND INSTRUMENT No. 1xL** for square shoulder or a 1Lr for a chamfer.

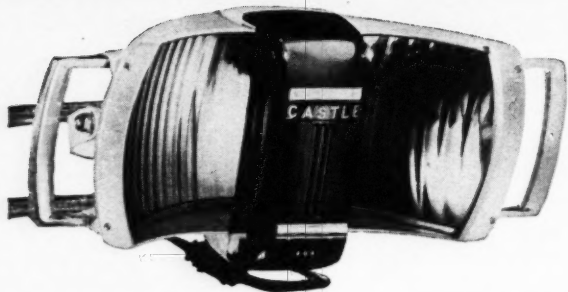


173L Square, endcutting safe end  
173La Square, endcutting safe end  
173Lr Round, endcutting safe end  
173Lra Round, endcutting safe end  
173Lp Pointed endcutting

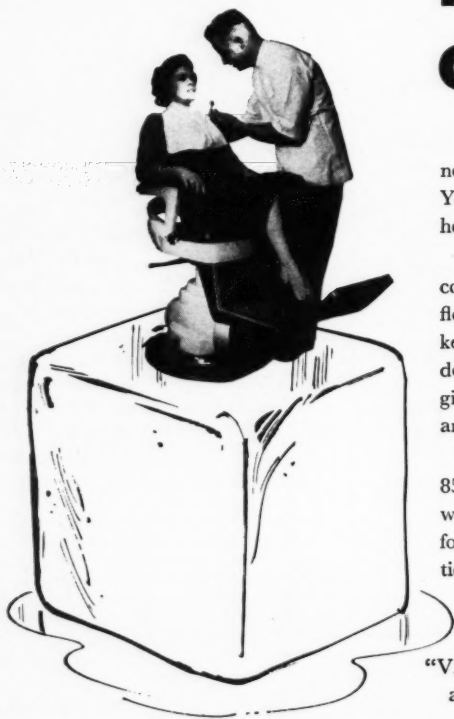
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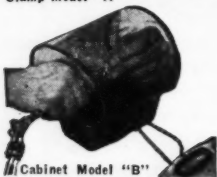
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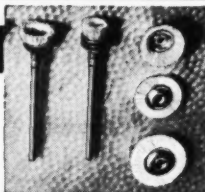
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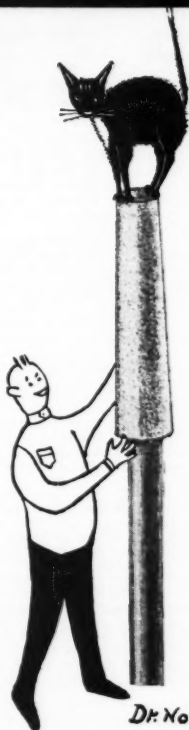
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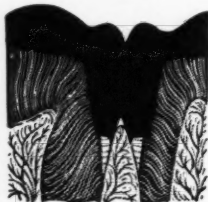


**FIGHT  
HEART  
DISEASE**



**GIVE TO YOUR HEART FUND**





**DWG. A:** Contact too broad occluso-gingivally.



**DWG. B:** Bucco-lingual contact area too broad.



**DWG. C:** Bucco-lingual contact area normal.

## Contact areas

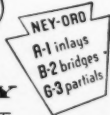
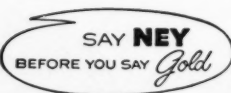
These drawings of two bicuspids, one mesio-distal section and two occlusal views, are used to illustrate certain common contact problems.

In Drawing A of the mesio-distal section, for example, the contact is too broad in the occluso-gingival dimension, and stringy foods are apt to be caught and held.

The occlusal view in Drawing B shows a broad bucco-lingual contact area that prevents food from scouring the embrasures as it would, for example, in Drawing C where the contact is a normal one.

Drawing C, showing the normal contact area, obviously allows food to sweep into the embrasures which are so shaped as to provide a sluice-way effect with resulting tissue stimulation and self-cleansing action.

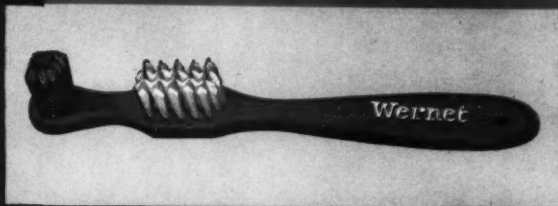
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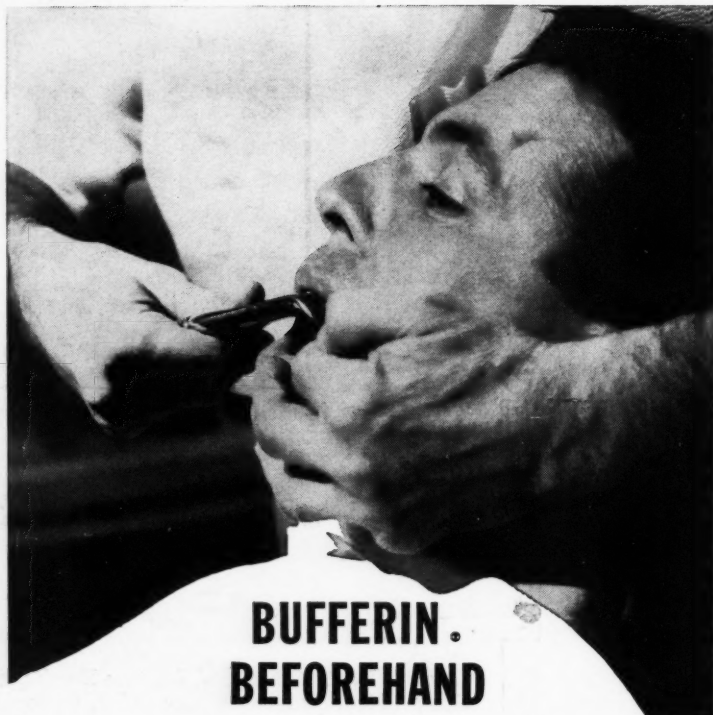
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